For Personal Physician - At no expense to RRB.

FORM APPROVED
O.M.B. NO. 70-R0171

FORM G-250
(6-70)

RAILROAD RETIREMENT BOARD NO.

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REPORT OF PHYSICAL EXAMINATION

SOCIAL SECURITY ACCOUNT NUMBER 214-12-3024

1. NAME Joseph R. Bennenger SR

ADDRESS RR 6 Springfield, W.V. 26763

NOTE: IF THIS REPORT IS COMPILED FROM RECORDS AND THE APPLICANT IS NOT PRESENT, SO STATE HERE. IF RECORDS DO NOT CONTAIN ALL THE DATA CALLED FOR IN THIS FORM, FORWARD AS COMPLETE A REPORT AS MAY BE POSSIBLE.

2. AGE	HEIGHT	WEIGHT	SEX	TEMPERATURE	HIGHEST WEIGHT WITHIN PAST YEAR
51			M	98.4	

3. HISTORY OF ORIGIN AND DATE OF ONSET OF EACH DISABILITY (APPLICANT'S STATEMENT)

Myocardial infarction 2/28/74

4. INDUSTRIAL HISTORY SINCE LAST RAILROAD SERVICE

5. PRESENT COMPLAINTS (SUBJECTIVE)

Exertional dyspnea.
Angina.

APPLICANT'S
DATE _____ SIGNATURE _____

6. GENERAL APPEARANCE ✓	NUTRITION overweight	MUSCULAR DEVELOPMENT ✓
CARRIAGE ✓	POSTURE ✓	GAIT ✓

7. EYES

CONDITION OF LIDS, MUSCULAR IMBALANCE, EXTERNAL DISEASES OF THE EYE, OPHTHALMOSCOPIC FINDINGS, AND VISUAL FIELDS, IF AVAILABLE.

Fundi: ✓

VISION	
RIGHT (UNCORRECTED)	20/
LEFT (UNCORRECTED)	20/
RIGHT (CORRECTED)	20/
LEFT (CORRECTED)	20/

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8.	EARS

NORMAL?	ORDINARY CONVERSATION HEARD
YES ☑ NO ☐	RIGHT /20 LEFT /20

IF MECHANICAL DEVICE IS USED BY APPLICANT, REPORT DISTANCE AT WHICH ORDINARY CONVERSATION IS HEARD WITH DEVICE.

RIGHT /20 LEFT /20

9.	NOSE, THROAT, SINUSES

NORMAL? YES ☑ NO ☐ IF "NO", RECORD FINDINGS HERE

10.	CARDIOVASCULAR SYSTEM

NORMAL? YES ☐ NO ☐ IF "NO", RECORD SIZE IN DETAIL, POSITION, RHYTHM, CHARACTER OF SOUNDS ON AUSCULTATION, MURMURS, AND, IF PRESENT, WHERE TRANSMITTED AND WHETHER ACCENTUATED BY EXERCISE, PULSATION OF ARTERIES (NECK, ETC.), RESULTS OF ANY X-RAY AND ELECTROCARDIOGRAPHIC FINDINGS, IF ANY

SR.

TIME	RESPIRATORY RATE (STANDING)	PULSE RATE (STANDING)	BLOOD PRESSURE	
			SYSTOLIC	DIASTOLIC
BEFORE EXERCISE	18	90	180	80
IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED)			not exercised.	
THREE MINUTES AFTER EXERCISE				

ANY OBJECTIVE SIGNS OF DECOMPENSATION (EDEMA, CYANOSIS, ETC.)? YES ☐ NO ☐ IF "YES", DESCRIBE

ANY PULSE DEFICIT? YES ☐ NO ☑	STATE TYPE OF EXERCISE TEST GIVEN, OR IF CONTRAINDICATED, STATE REASON
	/

ANY ARRHYTHMIA OF PULSE? YES ☐ NO ☑ IF "YES", DESCRIBED AS TO CHARACTER AND FREQUENCY (TAKEN THREE MINUTES AFTER EXERCISE).

11.	PERIPHERAL ARTERIES

NORMAL? YES ☑ NO ☑ IF "NO", RECORD EVIDENCE OF ARTERIOSCLEROSIS AND ARTERIAL DISTURBANCES OF THE EXTREMITIES IN TERMS OF COMPRESSIBILITY, BEADING, BLANCHING AND TROPHIC DISTURBANCES

12. RESPIRATORY SYSTEM

NORMAL? YES ☑ NO ☐ IF "NO", RECORD DETAILED OBJECTIVE FINDINGS ELICITED BY INSPECTION, PALPATION, PERCUSSION AND AUSCULTATION: ALSO RESULTS OF SPUTUM EXAMINATION AND X-RAY FINDINGS, IF AVAILABLE

13. DIGESTIVE SYSTEM

	NORMAL		IF "NO", RECORD FINDINGS HERE
	YES	NO	
MOUTH			Dentures
TEETH			
GUMS			
STOMACH			Abdmen sore.
INTESTINES			
LIVER			
GALL BLADDER			
RECTUM			

14. HERNIA

LOCATION	SIZE	TYPE	RETAINED BY TRUSS OR BELT?

OPERABLE? YES ☐ NO ☐ IF INOPERABLE, STATE REASON WHY

15. GENITO-URINARY SYSTEM

	NORMAL		IF "NO", RECORD FINDINGS HERE
	YES	NO	
KIDNEYS	✓		
BLADDER	✓		
PROSTATE	✓		
PENIS	✓		
TESTICLES	✓		

16. BONE, JOINT, AND SKELETAL SYSTEM

ANY ABNORMAL ORTHOPEDIC CONDITIONS? YES ☐ NO ☑ IF "YES", RECORD OBJECTIVE EVIDENCE OF ACTIVE INFLAMMATION, EDEMA, DEFORMITY, ANKYLOSIS, AND CREPITUS: ALSO X-RAY FINDINGS, IF AVAILABLE

DESCRIBE THE LIMITATION OF MOTION (IN TERMS OF DEGREES: *i.e.*, 10°, 20°, ETC.) IN EACH AFFECTED JOINT

17.

VARICOSE VEINS? YES ☐ NO ☑ SIZE AND LOCATION

SACCULATED? YES ☐ NO ☐ ELASTIC STOCKING WORN? YES ☐ NO ☐ SCARS? YES ☐ NO ☐ ULCERS? YES ☐ NO ☐

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18. NERVOUS SYSTEM

NORMAL? YES ☑ NO ☐ IF "NO", RECORD *POSITIVE* OBJECTIVE FINDINGS IN ORDER OF IMPORTANCE, SUCH AS, FINDINGS REFERABLE TO FACIES, PRESENCE OR ABSENCE OF ALL SUPERFICIAL AND DEEP REFLEXES, DESCRIPTION OF CONVULSIVE DISORDERS AND TICS, ROMBERG AND BABINSKI, AND ANY ENDOCRINOPATHIES

19. MENTALITY

NORMAL? YES ☑ NO ☐ IF "NO", IS MENTAL ABERRATION ON *ORGANIC* OR *FUNCTIONAL* BASIS? _____
IF THERE IS A HISTORY OF SEIZURES, STATE CHARACTER AND FREQUENCY OF ATTACKS

IS HE ABLE TO MANAGE BENEFIT PAYMENTS IN HIS OWN INTEREST? YES ☑ NO ☐ RECORD EMOTIONAL REACTIONS, CONDUCT DISTURBANCES, ORIENTATION, INSIGHT, JUDGEMENT, HALLUCINATIONS, DELUSIONS, MEMORY FOR RECENT AND REMOTE EVENTS, AND EVIDENCE OF MENTAL DETERIORATION.

20. LABORATORY EXAMINATIONS

RESULT OF URINALYSIS	
SUGAR	+ve
ALBUMIN	-ve
CASTS	—
PUS	—
BLOOD	—
OTHER (SPECIFY)	

RECORD HISTORY, DATE, AND RESULT OF BLOOD AND SPINAL FLUID, SPUTUM, X-RAYS, BLOOD COUNT, HB., OR OTHER TESTS WHICH MAY HAVE BEEN PREVIOUSLY MADE

21. REMARKS: (THIS SPACE TO BE USED FOR FURTHER DETAILS OF MEDICAL OR INDUSTRIAL HISTORY OR ADDITIONAL DESCRIPTION OF DISABILITIES IF THE SPACE IN THE FOREGOING PAGES WAS NOT SUFFICIENT. IF THE PERSON BEING EXAMINED IS A FEMALE, RECORD ANY ABNORMALITIES NOT COVERED ABOVE.)

22. DIAGNOSES: (PLEASE LIST IN ORDER OF IMPORTANCE)

Diabetes
Hypertension
Obesity
Concurrent. Recent myocardial infarction.

NAME OF EXAMINER (PRINT) P.B. HALMOS, MD.

PLACE OF EXAMINATION Memorial Hosp. | OFFICE ADDRESS

DATE OF THIS EXAMINATION 7/11/74 | SIGNATURE OF EXAMINER Halmos

G-250 (6-70)

FORM G-176a (3-68) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD 844 RUSH STREET CHICAGO, ILLINOIS 60611	NAME OF APPLICANT Joseph R. Bearinger	RRB CLAIM NO. A-214-12-3024
	FIELD OFFICE ADDRESS 615 Howard Avenue, Altoona, Pa. 16603	

CERTIFICATION BY APPLICANT FOR DISABILITY ANNUITY

I have a pamphlet (G-176) which explains that work or monthly social security benefits can affect a disability annuity. The contents have been explained to me.

I understand that:

I must tell the Board when I go to work for anyone or begin to work for myself,

I must tell the Board how much I will earn and what kind of work I am doing, and

If I report earnings of less than $200 a month and later earn more than that, I must immediately tell the Board about my higher earnings.

I also understand that I must tell the Board if I file for monthly social security benefits.

Joseph R Bearinger
(SIGNATURE OF APPLICANT)

This form was signed by the applicant,
in my presence, on 07-17-74
(MONTH) (DAY) (YEAR)

at Cumberland, Maryland
(CITY) (STATE)

Pauline F. Turchetta
(SIGNATURE OF BOARD REPRESENTATIVE)

RRB FORM G-271 (11-65)

NON-MEDICAL DATA FOR EMPLOYEE DISABILITY APPLICANT

RRB CLAIM NO.

A-214-12-3024

APPLICANT'S NAME

Joseph R. Bearinger

1 APPLICANT'S SUMMARY OF ILLNESS (IF DIABETIC OR SUFFERS FROM CONVULSIVE DISORDER, ALSO SEE ITEM 8-9)

Applicant states that he has been doctoring for high blood pressure and diabetis since September, 1972.
Had heart attack February 26, 1974.
Now has to take 5 different kinds of medicine as follows: orinase; serapes 1 tablet 3 times a day; isordil - sublingual 2.5 mg. - 1 tablet every morning; valium - 1 tablet 2 or 3 times daily; nitro glycerin as needed.
Complains of chest pains early in the morning and upon exertion. Says he is shaky a/c the diabetis and had to leave work on several occasions even before the heart attack in February of this year. Says there was lots of tension connected with his job as Assistant Caller.

2 NAMES AND ADDRESSES OF HOSPITALS OR CLINICS AT WHICH APPLICANT WAS EXAMINED OR TREATED FOR PRESENT DISABLING CONDITION OR RELATED CONDITION AND DATES OF EXAMINATIONS OR TREATMENTS

Memorial Hospital - Cumberland, Maryland
02-27-74 to 03-12-74

3 REALISTIC ACCOUNT OF APPLICANT'S ACTIVITIES FOR A TYPICAL DAY

Walks and reads. Says he has always read. Watches TV - Owns 2 acres of land. Drives some. Says hobbies are reading, especially about different religions and playing records.

4 DESCRIBE EFFECT OF APPLICANT'S IMPAIRMENT ON HIS DAILY ACTIVITIES NOW AS CONTRASTED WITH ACTIVITIES BEFORE ONSET OF DISABILITY

Cannot engage in any gainful employment. Is on a diet which probhitis sugar and also a low calorie diet to enable him to lose weight. One of his main problems while he was employed was eating in restaurant. Type of food available was not in accord with his diet. Used to garden, but can't anymore. Wife has been doing the gardening. This upsets him because she is not well either. Not permitted to walk stairs.

5 WORK AND MILITARY EXPERIENCE AND SPECIAL TRAINING OR REHABILITATION (DESCRIBE DUTIES TO INDICATE PHYSICAL AND MENTAL REQUIREMENTS OF LAST WORK IF NON-RAILROAD JOB OR SELF-EMPLOYMENT)

Worked in a glass factory and for the Kelly Tire Company prior to Railroad Service.

No special training in Military Service

6 APPLICANT'S FORMAL EDUCATION (CIRCLE HIGHEST GRADE COMPLETED AND ENTER NUMBER OF YEARS OF COLLEGE)

0 1 2 3 4 5 6 7 (8) 9 10 11 12 YEARS OF COLLEGE:

7 **YOUR SPECIFIC OBSERVATIONS:** (INCLUDE DESCRIPTION OF ANY UNUSUAL ASPECTS REGARDING APPLICANT'S: APPEARANCE, SUCH AS ABNORMAL SKIN CONDITIONS, SWELLING OR ABNORMALITY OF ANY JOINTS, PECULIARITY OF SPEECH OR MANNER, SHORTNESS OF BREATH, NERVOUSNESS, SUPPORTING DEVICES SUCH AS CANE, CRUTCHES, CORSET OR LEG BRACE, AND EYE GLASSES AND HEARING AID OWNED, WHETHER WORN OR NOT; STANCE; WALK, SUCH AS LIMP OR FOOT DRAG.)

Applicant appears as a large man standing about 6' tall. He is heavy, stating that he now weighs about 216 lb. Said he had been up to 245 lb. in 09-72, when he started doctoring.
He is accompanied to itinerant point by his wife. She helps him remember dates and has medicine bottles in purse to give names of medicine.
There is no visible sign of his disability.
He is of pleasant nature and answers questions very well except that neither he nor his wife can remember their telephone number stating that it has been changed.

8 **IF APPLICANT IS DIABETIC:** IS CONDITION CONTROLLED? . . . . . YES [X] NO [ ]
IF "YES," BY DIET ALONE [ ] INSULIN [ ] OTHER MEDICATION [X] SPECIFY Orinase
TO WHAT EXTENT IS IT NECESSARY FOR THE APPLICANT TO REGULATE HIS ACTIVITIES BECAUSE OF DIABETES?

has had to leave work on several occasions because of weakness and shakiness.

9 **IF APPLICANT SUFFERS FROM CONVULSIVE DISORDER:**
(A) HOW MANY SPELLS IN AVERAGE DAY? _____ WEEK? _____ MONTH? _____
(B) HOW MANY SPELLS DURING THE PAST TWELVE MONTHS? _____
(C) HOW LONG DO THEY LAST? _____
(D) WHAT ARE THE IMMEDIATE AFTER-EFFECTS? _____
(E) DOES HE LOSE CONSCIOUSNESS? _____ FOR HOW LONG? _____
(F) IS HE UNDER REGULAR MEDICAL TREATMENT? . . . . . YES [ ] NO [ ]
(G) DO THE ATTACKS HAPPEN IN DAYTIME, NIGHT OR BOTH? _____
(H) HAS HE HAD AN ELECTROENCEPHALOGRAPH TEST (WIRES WITH ELECTRODES ATTACHED TO HEAD AND A TRACING MADE)? . . . . . YES [ ] NO [ ]
IF SO, WHEN AND WHERE:

No convulsive disorders.

10 **REMARKS** (EXPLAIN IF DATE OF ONSET OF DISABILITY PRECEDES DATE LAST WORKED; ALSO, IF 12 MONTHS OR MORE HAVE ELAPSED BETWEEN DATE LAST WORKED AND DATE OF ONSET OF ILLNESS, INDICATE ACTIVITIES IN WHICH APPLICANT ENGAGED, SOURCE OF INCOME, ETC., DURING INTERIM.)

RR UI
Applicant has been receiving sickness benefits under RRUI Act

He tried to work with diabetic condition, but suffered a heart attack in 02-74.

applicant's date last worked shown on AA-1d is 04-14-74. Although he last worked 02-26-74 he received pay from Baltimore & Ohio RR through 04-14-74.

SIGNATURE AND TITLE	LOCATION OF DISTRICT OFFICE	DATE
Pauline F Turchetta Contact Representative	Altoona, Pa.	07-17-74

G-271 (11-65)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
615 Howard Avenue
Altoona, Pa.
16603

RL-11b
(8-72)

July 19, 1974

Memorial Hospital
Cumberland
Maryland 21502

In reply refer to
Joseph R. Bearinger
SSA No. 214-12-3024

ATTENTION: MEDICAL RECORDS DEPARTMENT

The above-named person, a patient or former patient at your hospital, has applied for a disability annuity under the U. S. Railroad Retirement Act. To assist us in determining whether such benefits can be paid, we would appreciate your furnishing this office a narrative or other summary or copies of any reports describing his disability. Please include sufficient medical history, clinical findings, laboratory and X-ray reports, as well as the diagnoses to indicate the severity of the disability, together with pertinent dates.

The Railroad Retirement Board is an agency of the United States government. The information you furnish will be used only for official purposes in administering the Railroad Retirement Act.

Your cooperation in furnishing the required information as soon as possible will be appreciated.

Very truly yours,

Ethel N. Luciano
Acting District Manager

Please give the U. S. Railroad Retirement Board any information it requests about my physical condition, past and present.

Joseph R Bearinger
Signature

cc: BRC

IDENTIFYING INFORMATION		
Name at Time of Admission Joseph R. Bearinger, Sr.		Address at Time of Admission Rural Route 6, Box 30 Springfield, WV 26763
Date of Birth 09-20-22	Nature of Disability Diabetis, Hypertension, obesity, heart attack	
Date of Admission 02-27-74		Date of Discharge 03-12-74
Name of Clinic or Department		Status In-Patient ☒ Out-Patient ☐
Name of Attending Physician Dr. Halmos		Other Information

A-214-12-3024

SACRED HEART HOSPITAL, CUMBERLAND, MARYLAND 21502

RADIOLOGY DEPARTMENT

NAME BEARINGER, JOSEPH R. AGE 51 DATE REQUESTED 7/31/74

DOCTOR Ley DATE COMPLETED 7/31/74

X-RAY NO. 184652 DATE TYPED 7/31/74

EXAMINATION Chest AP only HOSPITAL NO.

HISTORY RAILROAD RETIREMENT BOARD EXAM ROOM NO. ER 073533

A single PA view of the chest shows the soft tissues, bony structures, lung parenchyma, heart and great vessels to be within normal limits.

IMPRESSION: Normal views of the chest.

Joseph M. Pisani, M.D.

JMP:sl

RRB FORM G-91 (9-69)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1 A: FILE NAME OF EMPLOYEE OR EMPLOYEE APPLICANT: Joseph R. Bearinger

B: FILE NAME OF APPLICANT:

2 DATE	3 CARD NO.	1 2	4 SSA NO.	3									11	5 SORT CODE	12	6 RRB CLAIM NO.	13							19
07-19-74		0 1		2	1	4	1	2	3	0	2	4		3										

7 DOCUMENTS ESTABLISH: *("X" applicable boxes)*

TYPE CODE (COLS. 20-22) 9 0 0

		CODE	COLS.			CODE	COLS.
PROOF OF AGE OF EMPLOYEE	X	0	23	PROOF OF MARRIAGE		4	27
PROOF OF AGE OF SPOUSE OR WIDOW(ER)		1	24	PROOF OF RELATIONSHIP		5	28
PROOF OF AGE OF CHILD		2	25	PROOF OF MILITARY SERVICE	X	6	29
PROOF OF AGE OF PARENT		3	26	PROOF OF DEATH		7	30

A. BIRTH, RELATIONSHIP, MARRIAGE, AND NAME RECONCILIATION

8 EMPLOYEE

(a) NAME: Joseph Ralph Bearinger

(b) DATE OF BIRTH: 31 MO. 09 DAY 28 YR. 36 22

(c) AGE:

(d) DATE RECORD MADE: 12-31-22

(e) WEIGHT OF RECORD: 37 38 5 4

9 SPOUSE OR WIDOW(ER)

(a) NAME:

(b) DATE OF BIRTH: 44 MO. DAY YR. 49

(c) AGE:

(d) DATE RECORD MADE:

(e) WEIGHT OF RECORD: 50 51

10 CHILD, PARENT, OR OTHER

(a) NAME:

(b) DATE OF BIRTH: 52 MO. DAY YR. 57

(c) AGE:

(d) DATE RECORD MADE:

(e) WEIGHT OF RECORD: 58 59

11 MARRIAGE

(a) PLACE OF MARRIAGE (CITY AND STATE):

(b) DATE OF MARRIAGE: 60 MO. DAY YR. 65

(c) HUSBAND'S NAME:

(d) WIFE'S NAME:

12 NAMES OF PARENTS

(a) FATHER'S NAME:

(b) MOTHER'S MAIDEN NAME:

13 NAME RECONCILIATION, IF REQUIRED

"X" BOX(ES) TO SHOW HOW NAMES ARE RECONCILED FOR EACH PERSON (attach affidavits, if needed)

EMPLOYEE	SPOUSE OR WIDOW(ER)	CHILD, PARENT OR OTHER	MARITAL PARTNERS
WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐
WITHOUT AFFIDAVITS ☒	WITHOUT AFFIDAVITS ☐	WITHOUT AFFIDAVITS ☐	WITHOUT AFFIDAVITS ☐

B. TYPE AND AGE VALUES OF DOCUMENTS

14 TYPE OF DOCUMENT *("X" applicable box)*

	VALUE
☒ Civil Birth Record ☐ Church Birth/Baptism Record ☐ Birth Registration Notice ☐ Hospital Birth Record or Certificate	30
☐ Physician's or Midwife's Birth Record ☐ Bible or other Family Record	25
☐ Naturalization Record ☐ Military Record ☐ Immigration Record ☐ Passport ☐ Census or Draft Registration Record	20

TYPE OF DOCUMENT *("X" applicable box)*

	VALUE
☐ School Record ☐ Vaccination Record ☐ Insurance Record	15
☐ Labor Union or Fraternal Record	10
☐ Employer's record	
☐ Other Records Not Classified Above *(Specify)*	5

15 AGE OF DOCUMENT *("X" applicable box)*

RECORDED - YEARS AFTER BIRTH	VALUE
☒ Record made within 1 year	24
☐ Record made 1 through 10 years	21
☐ Record made 11 through 20 years	18
☐ Record made 21 through 30 years	15
☐ Record made 31 through 40 years	12
☐ Record made 41 through 50 years	9
☐ Record made 51 through 60 years	6
☐ Record made 61 through 70 years	3

C. MILITARY SERVICE

16 NAME OF PERSON AS SHOWN ON EVIDENCE	17 DATE OF BIRTH OR AGE	18 DATE BIRTH OR AGE RECORDED
Joseph Ralph Bearinger, SR.	09-28-22	07-13-44

19 RANK	20 BRANCH (ARMY, NAVY, ETC.)	21 SERIAL NO.
Private First Class	U.S. Marine Corps	996128

22 DATE ENLISTED OR INDUCTED	23 DATE ENTERED ACTIVE DUTY	24 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY
07-13-44	07-13-44	01-06-46

25 MEANS OF ENTRY INTO SERVICE: ☒ INDUCTED ☐ CALLED FROM INACTIVE DUTY ☐ ENLISTED ☐ RE-ENLISTED ☐ COMMISSIONED

26 CHARACTER OF DISCHARGE	27 KIND OF DOCUMENT
Honorable	Certificate of Honorable and ~~XXXXXXX~~ Satisfactory Service - USMC

D. DEATH

28 NAME OF DECEASED AS SHOWN ON EVIDENCE	29 DATE OF DEATH

30 PLACE OF DEATH (CITY AND STATE)	31 KIND OF DOCUMENT
	☐ DEATH CERTIFICATE

E. INSTRUCTIONS FOR COMPLETING THIS FORM:

32 *Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is not shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the type value (Item 14) to the age value (Item 15) and enter the total weight value in Items 8(e), 9(e) or 10(e), depending on whose birth date is being established. If multiple documents are used as proof of age for two or three persons, show a symbol after the type and the age of the document as follows:*

APPLICANT	SYMBOL	APPLICANT	SYMBOL
EMPLOYEE	E	WIDOW (WIDOWER)	W
SPOUSE	S	CHILD	C

In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

F. REMARKS AND CERTIFICATION

33 REMARKS:

34 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.

UNIT OR FIELD OFFICE	SIGNATURE & TITLE OF TRANSCRIBER
243 - Altoona, Pa.	Pauline F. Turchetta, Contact Representative
	SIGNATURE & TITLE OF REVIEWER Joanne Brozak, ~~Contact Representative~~ Claims Examiner

G-91 (9-69)

SSA-HQN-G-234-(10-67)
EMPLOYEE-SPOUSE
DETERMINATION OF
AWARD OR RECORD
PRINT OUT

ADMIN. VOUCHER

SSA NO. (1)
214-12-3024

DATE OF ACT. 2(A) 3(I)

SSR NO. (2)
A-999999

EMPLOYEE DATA

NAME THAT ADDRESS (4) CITY STATE ZIP CODE (5)

REP PAY

JOSEPH R BEARINGER
RR 6 BX 30
SPRINGFIELD WV 26763

PAYMENT SUMMARY (BASIC)

	NO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CASH					
CHK					

DISB ACCOUNT | REGION | AMOUNT

07-17-74 09-28-22 54

000 4

PAYMENT SUMMARY (SUPPLEMENTAL)

	NO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CASH					
CHK					

SPOUSE DATA

NAME THAT ADDRESS (58) CITY STATE ZIP CODE (59)

REP PAY

TYPE (2) CODE	HOW FILED (3)	F. C. NO. (5)	ENT. DATE (11)	MARR. ABD (4)	PREV. APP (6)		SEX (9)	MAR. STAT. (10)	HOW (12) BY FILE	SPOUSE SSN (17)
500	1	243		07-01-74	NO	NC	09-28-22	M	M	0 09-30-24

CHILD UNDER (7)	DISAB. (7)	WAS LAST (12)	DLW LAST EMP.						
NO	0	1302	04-14-7					NO	NO

DLW OUT EMP. (12)	SS 12	SS NOW	PS CLAIM	PIA — END 6/63	ACT. SCR.	APT. 36	SIGN REP. PAY (13)	SSA NO. (21)	DLW FILD. (26)	U/S EMPLOYED	PREV. EMP CLAIM NO. (27)
	NO	NC	YES		YES	YES	NO				

D-BS (DATE (62)	DATE PEND. FILE	DATE PD. OR DUMPED	WK. NAME	MAIDEN NAME (56)	PS NEVER (10)	PS NOTICE REC'D	NAT. LIC. YR. SM	LAST YR. SM	DATE (52)	WAGES (62)
	08-09-74		JBEAR		.00	0 0	7777	7777		YES

MOS. 59	DISH. FILE	WA TAB DATA	LAST NO. SSN (65)	R SM.	OUT BNKR COMP.	LST. ACC.	NAT. LIC. SM	AG.	LAST SM P (42)	AG	S/S (160)	R/S COMP. (166)	NO. C. 73
0			12-73	0		007			1302	A	045	7948.89	

| SSN G COMP. AFTER (166) (7) | | | | | |

NR 8-26

RRB FORM G-563 (9-71)

REQUEST FOR SUBSEQUENT SERVICE AND COMPENSATION DATA

NAME (ENTER FIRST 5 LETTERS OF SURNAME) (COL. 1-5): BEARI

SSA NO. TO BE SEARCHED (COL. 7-15): 214 12 3024

SEND TO: Atlw Claims Section

BUREAU of DATA PROCESSING and ACCOUNTS

Identification Unit

PRIMARY CLAIM NO. *If same as above, enter prefix only. If not the same enter full claim number (prefix and number):*

(Do Not Punch) A —

DATA TO BE FILED UNDER THIS NUMBER IF ONE IS SHOWN

DATE OF REQUEST: 8-13-74

TYPE CODE (COL. 26-27): 30

1. ☐ Please furnish G-90. *(Check this item for total service months and compensation, total service thru age 65, RRB claim number, G.F., and/or "SS" indication.)*

2. ☐ Did the employee perform at least 6 months of service other than local lodge or division service prior to January 1, 1946? ☐ Yes ☐ No

If answer is "No", show how many months _____

3. ☐ Please give total service months and compensation thru _____.

S.M. ☐ COMPENSATION ☐

4. ☒ Is the following military service creditable? inducted

From 7-13-44 to 1-6-46 ☐ Yes ☐ No

From _____ to _____ ☐ Yes ☐ No

5. ☐ Other *(Specify)*

DATA FURNISHED BY:

INITIALS _____ DATE _____

RETURN TO—

ORGANIZATION: R1

CLAIMS EXAMINER: S. GOTSCH

G-563 (9-71)

FORM APPROVED
O. M. B. NO. 70-R0047

FORM G-88a
(2-74)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

1 RRB Claim No. A- 214-12-3024 (1-2) 01

2 Social Security Acct. No. Same (3-11)

3 Date Released 07-19-74 (12) 3

4 Baltimore & Ohio RR Co.
H. J. Harbert, Dir. Payroll Acct'ng
Baltimore & Charles Streets
Baltimore, Md. 21201

(19) 2

(20-22) 941

BA. NO. (23-26) 1302

5 Name (*First, Initial, Last*) (13-17) Joseph R. Bearinger

6 Address RR 6 BX 30, Springfield, WV 26763

7 Payroll No. 1101598

8 Occupation Asst. Caller

9 Work Location Cumberland, Md.

10 Dept. or Division Maryland C.T. Dept. Division

11 Date last worked (*Last date on payroll as employee*) (27-32)

MO.	DAY	YR.
~~04~~ 02	~~14~~ 26	~~74~~ 74

12 Date rights relinquished (33-38) annuity beg. date 04-15-74 disability

MO.	DAY	YR.

INSTRUCTIONS TO EMPLOYER ON COMPLETION OF FORM

Check the dates shown in items 11 and 12 against readily available records. If a date shown is different from your records, line it out and show the correct date. (See item 14 of G-88a (SUP).)

Complete items 13 through 18 as required. Do not report more than the maximum amount creditable.

If you allocate vacation pay to the date last worked, include it in item 13 or 14, whichever is applicable. If you allocate vacation pay to a period following the date last worked, fill in items 15 and 16. VACATION PAY ENTERED IN ITEM 15 MUST NOT BE INCLUDED IN COMPENSATION SHOWN IN ITEM 13 or 14.

STATEMENT OF SERVICE MONTHS AND COMPENSATION

	MOS. (40-41)	COMPENSATION (42-47)
13 Show total number of months worked and total creditable compensation through date last worked *for current year* 19 74 (39)	2	1851.55
14 If this report is completed and sent to us before your annual report is submitted, show total number of months worked and total creditable compensation *for preceding year* 19 ____ (48)	(49-50)	(51-56)

15 Vacation and other allowances for periods after date last worked

FROM (57-62)	TO (63-68)	AMOUNT (69-73)	REASON FOR VA-1 BP-2 (74) PAYMENT OTHER-3
FEB	-	Recd. Sick Benefits	$45.58
MAR	-	"	" 541.72
APR	-	"	" 539.17

16 If item 15 shows an allowance for a period after date last carried on payroll as an employee, answer the following:

Did the employee earn more than the maximum creditable amount in the last month he was employed?
(75) YES ☐ 1 NO ☐ 2

If "No," show his earnings for the last month: $ ____ (76-80)

17 Remarks

18 Qualifying employee under National Health and Welfare Plan on date last worked.

(80) YES ☒ + NO ☐ -

19 EMPLOYER CERTIFICATION by Railroad Contact Official or National Reporting Officer of Labor Organization
The information in this report is correct to the best of my knowledge and belief.

SIGNATURE H.J. Harbert

TITLE DIRECTOR OF PAYROLL ACCOUNTING

DATE AUG 15 1974

NOTE: IF THIS EMPLOYEE RETURNS TO COMPENSATED SERVICE, THE BOARD SHOULD BE NOTIFIED IMMEDIATELY

G-88a (2-74)

RRB FORM G-234b (1-67)

D/O REQUEST FOR TRACER ACTION ON G-88a OR G-3EMP

(DESIGNED FOR MAILING IN WINDOW ENVELOPE)

EMPLOYEE'S NAME	RRB CLAIM NO.
Joseph R. Bearinger	A-214-12-3024
DATE	**SSA NO.**
August 26, 1974	214-12-3024

NAME OF RAILROAD TO BE TRACED

Baltimore & Ohio RR Co.

TO:

District Manager
Railroad Retirement Board
Federal Bldg., Room 112
31 Hopkins Plaza
Baltimore, MD 21201

LAST OCCUPATION

Asst. Caller

WORK LOCATION

Cumberland, Md

[X] Form G-88a [ ] Form G-3 EMP

Released to:

[X] Contact Official

[ ] Last Supervisor or Other Official

Name: H. J. Harbert

At: Baltimore, MD

Date Form Released: 07-19-74

If the employer indicates the outstanding report has been submitted to the Bureau of Retirement Claims or this office within the last 15 days no further action is required. If more than 15 days has elapsed between the date the employer states he submitted the form and the date of this request, advise Bureau of Retirement Claims or us.

If the Form G-88a is still in the contact officer's possession obtain expeditious handling. No notice need be sent to Bureau of Retirement Claims.

REMARKS:

Date last worked - 04-14-74

No record at employer. They will prepare a diary & release the right amount of days.

P J Mulan DM
Balt Md 08 20 74

FROM:

*District Office

U. S. Railroad Retirement Board
615 Howard Avenue, Room 10
P. O. Box 990
Altoona, Pennsylvania 16603

** May be used with window envelope if folded properly.*

G-234b (1-67

Susan,

Contact D/O to find out if EE carried on payroll for sick benefits. Also we need to know how much he earned in Feb 1974

J. Hovesdale

AUG 28 1974

BALTIMORE

RRB FORM G-354b (10-57)
EMPLOYEE-SPOUSE DETERMINATION OF AWARD OR RECORD PRINT OUT

ADMIN. VOUCHER: R'8.23

SSA NO. (1): 214-12-3024

RRB NO. (2): A-999999

RECT. OF ACT: 2 (A) 3 (J)

TYPE (2) CODE	HOW FILED (3)	P. O. NO. (3)	EARLIEST RR EMP. DATE (4)	DESIG. ABO (4)	REF. (4)	PREV. APP (4) RRB	PREV. APP (4) SSA	DOB (5)	REL (5)	NUM. EVER (5)	DOW (8)	HOW (9) SPL FILED	SPOUSE DOB (7)
500	1	243		07-01-74		NO	NO	09-28-22	M	M		0	09-30-24

CHILDREN (7) MIN.	CHILDREN (7) DIS.	CHILDREN (7) TOT.	DEP. (7) H/W&HD	BA 3 LAST (5)	DLW LAST EMP. (8)	BA 2 2ND (9)	DLW 2ND EMP. (9)	R/R (10)	DATE R/R LAST EMP. (10)	DATE R/R 2ND EMP. (11)	OUT DISA.	OUT (3)	R/R OUT EMP.
	NC	0		1302	04-14-74						NO	NO	

EMPLOYEE DATA

NAME (14) ADDRESS (12) CITY STATE ZIP CODE (30) — REP PAY

JOSEPH R BEARINGER
RR 6 BX 30
SPRINGFIELD WV 26763

DLW, OUT EMP. (12)	SB 12	SE NOW	PS CLAIM	WB – END 6/53	REF. (1)	ACT. SER.	APT. 36	SICK REC. PAY (13)	SSA NO. DIFAL CLM. FLD. (32)	R/R 130/MED	PREV. SSR CLM. NO. (37)
	NC		NO	YES	NC	YES	YES	NO			

G-88 DATE (72)	DATE REVD. FILE	DATE PD. OR DUMPED	CODE NAME	MAIDEN NAME (32)	PS INVEST. (60)	PS RECD	REF. LTR. YR. MO.	LAST YR. SVC.	OASI (52)	WAGES (32)
	08-09-74		JEEAR		.00 C	0	7777	7777		YES

MUL. SS	GEN. FILE	VA TAX DATA	LAST WB SSR'S REP.	X WK.	CUT BACK	CUT BACK COMP.	LST. ICC	PAST LAST BA #	AD.	LAST BA # (32)	AD	6/3 (94)	B/E COMP. 1946	WB 5-79
	0		12-73	0			007			1302	A	045	7948.89	

PAYMENT SUMMARY (BASIC)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR. YEAR					
PRIOR YEARS					

SUSP. RECOVERY	REGION	AMOUNT

FINAL	PART	WEIGHT	DATE FILED (3)	VER. DOB. (55)	DOC WT.	EXAM. NO.	1-PAY ONLY
			07-17-74	09-28-22	54		

P.V. MOS.	PIA (51)	TOTAL SR	MOS. REQUIRED (70)	AMC. SS MOS.	RR MIN.	D/C
000			/180			4

SERVICE (92) YEARS	MON.	AMC (33)	OPTIONAL AMC	MOS. FOR EARLY RETIRE.	

REV. DATE (22)	NORMAL – ANNUITY – NET (92)	FACTOR	SSA MIN. (93)

BEG. DATE SSA BEN	SSA BEN.	GROSS-REC. FOR SS BEN – NET	PAYMENT STATUS

REC. CHECK AMT.	PREM. REDUCTION	PREM. OLD FROM ACCRUAL

PAYMENT SUMMARY (SUPPLEMENTAL)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR. YEAR					
PRIOR YEARS					

SPOUSE DATA

NAME (19) ADDRESS (19) CITY STATE ZIP CODE (20) — REP PAY

PAYMENT SUMMARY (SPOUSE)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR. YEAR					
PRIOR YEARS					

FINAL	PART	WEIGHT	DATE FILED	VER. DOB.	DOC WT.	EXAM. NO.

MO. DATE SSA BEN	SSA BEN.	GROSS-REC. FOR SS BEN – NET	PAYMENT STATUS

SEC. OF ACT	BEG. DATE	NORMAL – ANNUITY – NET	MOS. REDUCED	PIA (172)
2			/180	

REC. CHECK AMT.	PREM. REDUCTION	PREM. OLD FROM ACCRUAL	SSA NO. (16.2)	MOS. FOR EARLY RETIRE.

CAL. YR.	1 (28)	GROSS COMP. 59	P/B TO P/I YR. COMP. LST. REP.	B/S 55	YR. 55 (60A)
56	1140100101	4800.00	0000 73	000	00
57					
58					
59					
60					
61					
62					
63					
64					
65					

CAL. YR.	SB 1	COMP.	CAL. YR.	SB 1	COMP.
56	12	3637.42	66	12	6158.24
57	12	3959.42	67	12	5904.58
58	12	4169.53	68	12	6863.99
59	12	4513.80	69	12	7631.38
60	12	4751.89	70	12	7352.43
61	12	4765.83	71	12	7720.43
62	12	4748.20	72	12	8105.02
63	12	4857.50	73	12	9813.34
64	12	4503.09	74		.00
65	12	5037.45	75		.00

TOTAL 369 139894.21

SWB 1 (28)	SWB 2 (29)	SWB 3 (60)	E FOR	R/R	DLW LAST EMP.	DATE R/R LAST EMP.	AD	YR.	MOS.
	1404240005	2020022106			10-16-74	R			

SEX PAT	D/M	LAG	LAG CONST. V	LAG	LAG CONST. 2	YR.	MOS.	LAG COMP. 3	10TH LAST MO.
0	0	2	SEP						

CAL. LST. MO.	BP OR VAC	ST. DATE VAC-BP 1	END DATE VAC-BP 1	AMT. BP-VAC. 1	BP OR VAC	2ND DATE VAC-BP 2	END DATE VAC-BP 2	AMT. BP-VAC. 2	ICC 1	MUL. CODE

ST. DATE VAC-BP 3	END DATE VAC-BP 3	AMT. BP-VAC. 3	2ND LAST BA #	DLW 2ND LAST EMP.

DATE R/R 2ND LAST EMP.	LG	YR.	MOS.	LAG COMP. 1	YR.	MOS.	LAG COMP. 2

YR.	ICC 2	MUL. CODE	YR.	ICC 3	MUL. CODE	YR.	ICC 4	MUL. CODE	YR.	ICC 5	MUL. CODE	YR.	RATING	EFF. DATE SPB	RATE DATE	DIAG. CODE
WORD	259	0000000000		YOC 00									2	04-15-74	08-13-74	40007

RI A/R'S	RIB ENT. DATE	SMIB ENT. DATE	PREM. PD. THRU	SMIB AMT. EXT.	SMIB ELECTION	SMIB TERM. DATE	MO. PREMIUM

SUPPLEMENTAL ANNUITY DATA

FINAL	PART	RECENT	BEG. DATE	NORMAL – ANNUITY – NET	MOS TAX CREDIT	TAX CR. EFF. DATE

P/I 2	GROSS PENSION	PEN. REDUCTION	EE CONTRIB.	EMPLR. CONTR.	REM. EFF. DATE	PAYMENT STATUS

M/S MOS 19
M/S COMP 3109.39

SPOUSE DATA

PO NO. (151)	PREV. RRB CLAIM NO. (152)	DOB (104)	SEX (164)	TYPE CODE	DOW (165)	PREV. MAR.	(155) LIVE TOGET.	WHO? (156)	(157) DIR. COND.	DOB YOUNG. (166)	DOB OLDEST (127)	MI CW (162)

DLW RR (158)	(163) NON RR EMP.	DLW NON RR (159)	HOLD RIGHTS (155)	SS 12	STILL SE	WA APT. 9-7-51 (175)	ABO REF. 95	EXH. ABO (170)	DESIGN. ABO (176)	(171) FILED FOR RRA BENEFIT

SSA NO. OTHER CLAIM FILED (171)	DATE G-88 SIGNED	VER. DOB YOUNGEST (176)	DOC. WT.	VER. DOB OLDEST (177)	DOC. WT.	DATE PEND. FILE	DATE PD. OR DUMPED	SWB 1 (122)

RI A/R'S	RIB ENT. DATE	SMIB ENT. DATE	PREM. PD. THRU	DED. AMT. EXT.	SMIB ELECTION	SMIB TERM. DATE	MO. PREMIUM	SWB 2 (122)

		SPOUSE NAME	MAIDEN NAME

SWB 3 (122)

REMARKS (REASON FOR PRINT OUT): DEVELOPMENT OR TRACING RI
G-88A TRACE F.O PREVIOUSLY REQUESTED

DATE 09-16-74

RECEIVED
RETIREMENT

FORM G-432a
(12-63)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

REQUEST FOR AND CERTIFICATION OF INFORMATION FROM VETERANS ADMINISTRATION CONCERNING BENEFITS BASED ON MILITARY SERVICE

1. RRB Claim No. A-21-12-3024
2. Social Security Account No. None
3. Date NOV 07 1974

The person named below has been given credit under the Railroad Retirement Act for the periods of military service shown in item 12. Pursuant to section 4 of the Railroad Retirement Act, you are requested to supply the information required in section 2 of this form.

Please fill out the first copy of this set (Form G-432a) and return it immediately to the Director of Retirement Claims, Railroad Retirement Board. (See item 17 for instructions for using the second and third sets.)

SECTION 1. IDENTIFYING INFORMATION

4. Name: Joseph R. Beeringer
5. Veterans Administration "C" No.:

ITEMS 6 THROUGH 11 WILL BE FILLED IN ONLY IF THE VETERANS ADMINISTRATION "C" NO. IS NOT GIVEN

6. Army or Navy Serial Number: 996128
9. Military Organization or Vessel: Marine Corps
7. Date of Entry: 07-13-44
10. Rank or Rating: Pvt. 1st Class
8. Date of Discharge: 01-06-46
11. Place and Date of Birth: 09-28-22

12. Periods of Military Service Credited Under Railroad Retirement Act

BRANCH OF SERVICE	DATES OF SERVICE CREDITED FROM	DATES OF SERVICE CREDITED TO
U. S. Navy	07-13-44	01-06-46

13. Accrual Date of Railroad Retirement Annuity: 07-01-74

SECTION 2. CERTIFICATE OF VETERANS ADMINISTRATION

14. Has military service credited under the Railroad Retirement Act been used as a basis or as a partial basis for a pension, disability compensation, or any other gratuitous benefit payable on a periodic basis to the above person? YES ☐ NO ☐

15. If your answer to item 14 is "YES," give the following information concerning the benefits payable to the person.

(a) Nature of the Benefits

(b) Record of Payments Beginning with Accrual Date of Railroad Retirement Annuity Shown in Item 13

DATES OF SERVICE ON WHICH PAYMENTS ARE BASED FROM	TO	AMOUNT OF MONTHLY PAYMENT	DATE EFFECTIVE	DATE TERMINATED	REMARKS

16. If your answer to item 14 is "NO," is there an application now pending for the above person in which he claims, on the basis of military service, a pension, disability compensation, or any other gratuitous benefits payable on a periodic basis? YES ☐ NO ☐

17. If your answer to item 16 is "YES," also fill out and return Form G-432b (third copy of this set) as soon as final action is taken on the person's claim.

If your answer to item 16 is "NO," and if any benefits based in whole or in part on military service credited under the Railroad Retirement Act subsequently become payable to the person, please notify the Director of Retirement Claims on Form G-432c.

I certify that the above statements are correct to the best of my knowledge and belief and that I have authority to make this certification.

(SIGNATURE)

(TITLE)

(DATE)

(VETERANS ADMINISTRATION OFFICE)

(STREET ADDRESS)

(CITY) (ZONE) (STATE)

FORM G-432a
(12-63)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

8-23
RT

REQUEST FOR AND CERTIFICATION OF INFORMATION FROM VETERANS ADMINISTRATION CONCERNING BENEFITS BASED ON MILITARY SERVICE

1. RRB Claim No. A-214-12-3024
2. Social Security Account No. Same
3. Date NOV 07 1974

The person named below has been given credit under the Railroad Retirement Act for the periods of military service shown in item 12. Pursuant to section 4 of the Railroad Retirement Act, you are requested to supply the information required in section 2 of this form.

Please fill out the first copy of this set (Form G-432a) and return it immediately to the Director of Retirement Claims, Railroad Retirement Board. (See item 17 for instructions for using the second and third sets.)

RPC

SECTION 1. IDENTIFYING INFORMATION

4. Name: Joseph R. Bearinger

5. Veterans Administration "C" No.: 15 74 2888

ITEMS 6 THROUGH 11 WILL BE FILLED IN ONLY IF THE VETERANS ADMINISTRATION "C" NO. IS NOT GIVEN

6. Army or Navy Serial Number: 996128

7. Date of Entry: 07-13-44

8. Date of Discharge: 01-06-46

9. Military Organization or Vessel: Marine Corps

10. Rank or Rating: Pvt. 1st Class

11. Place and Date of Birth: 09-28-22

12. Periods of Military Service Credited Under Railroad Retirement Act

BRANCH OF SERVICE	DATES OF SERVICE CREDITED FROM	DATES OF SERVICE CREDITED TO
U. S. Navy	07-13-44	01-06-46

13. Accrual Date of Railroad Retirement Annuity: 07-01-74

SECTION 2. CERTIFICATE OF VETERANS ADMINISTRATION

14. Has military service credited under the Railroad Retirement Act been used as a basis or as a partial basis for a pension, disability compensation, or any other gratuitous benefit payable on a periodic basis to the above person? YES ☐ NO ☒

15. If your answer to item 14 is "YES," give the following information concerning the benefits payable to the person.

(a) Nature of the Benefits

(b) Record of Payments Beginning with Accrual Date of Railroad Retirement Annuity Shown in Item 13

DATES OF SERVICE ON WHICH PAYMENTS ARE BASED FROM	TO	AMOUNT OF MONTHLY PAYMENT	DATE EFFECTIVE	DATE TERMINATED	REMARKS

16. If your answer to item 14 is "NO," is there an application now pending for the above person in which he claims, on the basis of military service, a pension, disability compensation, or any other gratuitous benefits payable on a periodic basis? YES ☐ NO ☒

17. If your answer to item 16 is "YES," also fill out and return Form G-432b (third copy of this set) as soon as final action is taken on the person's claim.

If your answer to item 16 is "NO," and if any benefits based in whole or in part on military service credited under the Railroad Retirement Act subsequently become payable to the person, please notify the Director of Retirement Claims on Form G-432c.

I certify that the above statements are correct to the best of my knowledge and belief and that I have authority to make this certification.

S. H. Smith
(SIGNATURE)

Ch F SD
(TITLE)

11-28-74
(DATE)

VA Records Processing Center
PO Box 172, St. Louis, Mo. 63166
(VETERANS ADMINISTRATION OFFICE)

(STREET ADDRESS)

(CITY) (ZONE) (STATE)

G-432a (12-63)

DBF 12-5

FORM G-432c
(12-63)

U ED STATES OF AMERICA
RAI JAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

1. RRB Claim No. A-214-12-3024
2. Social Security Account No. Same
3. Date

REQUEST FOR AND CERTIFICATION OF INFORMATION FROM VETERANS ADMINISTRATION CONCERNING BENEFITS BASED ON MILITARY SERVICE

Use this form if benefits based on military service credited under the Railroad Retirement Act are awarded to the person named below, and you have previously certified to the Railroad Retirement Board on Form G-432a that the person was not receiving, or had not applied for such benefits, or on Form G-432b that the person was not receiving such benefits.

Please complete section 2 of this form and return it to the Director of Retirement Claims, Railroad Retirement Board, as soon as such award is made by the Veterans Administration.

SECTION 1. IDENTIFYING INFORMATION

4. Name: Joseph R. Bearinger

5. Veterans Administration "C" No.:

ITEMS 6 THROUGH 11 WILL BE FILLED IN ONLY IF THE VETERANS ADMINISTRATION "C" NO. IS NOT GIVEN

6. Army or Navy Serial Number: 996128

9. Military Organization or Vessel: Marine Corps

7. Date of Entry: 07-13-44

10. Rank or Rating: Pvt. 1st Class

8. Date of Discharge: 01-06-46

11. Place and Date of Birth: 09-28-22

12. Periods of Military Service Credited Under Railroad Retirement Act

BRANCH OF SERVICE	DATES OF SERVICE CREDITED FROM	TO	13. Accrual Date of Railroad Retirement Annuity
U. S. Navy	07-12-44	01-06-46	07-01-74

SECTION 2. CERTIFICATE OF VETERANS ADMINISTRATION

14. Military service credited under the Railroad Retirement Act has been used as a basis or as a partial basis for a pension, disability compensation, or other gratuitous benefits payable on a periodic basis awarded to the above person. The following information is given with respect to such benefits.

(a) Nature of the Benefits: PENSION

(b) Record of Payments Beginning with Accrual Date of Railroad Retirement Annuity Shown in Item 13

DATES OF SERVICE ON WHICH PAYMENTS ARE BASED FROM	TO	AMOUNT OF MONTHLY PAYMENT	DATE EFFECTIVE	DATE TERMINATED	REMARKS
~~7-1-74~~	~~12-31-74~~	~~112.60~~			
7-13-44	1-6-46	112.60	2-27-74	1-1-75	Vet income increasing for 1975 - pending retro. of wife.

I certify that the above statements are correct to the best of my knowledge and belief and that I have authority to make this certification.

J P Bierma
(SIGNATURE)

ADJUDICATION OFFICER
(TITLE)

2-3-75
(DATE)

VA REGIONAL OFFICE
(VETERANS ADMINISTRATION OFFICE)

502 7TH 8TH ST.
(STREET ADDRESS)

HUNTINGTON (CITY) (ZONE) W.V. (STATE)

G-432c (12-63)

FORM APPROVED
BUDGET BUREAU NO. 70-R0047

FORM G-88a (1-69)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

1 RRB Claim No. A- (1-2) 01

2 Social Security Acct. No. 214-12-3024 (3-11)

3 Date Released 7-19-74 (12) 3

4 B.O.R.R. (19) 2 (20-22) 941 BA. NO. (23-26) 1302

5 Name (First, Initial, Last) (13-17) JOSEPH R. BEARINGER

6 Address ROUTE 6 SPRINGFIELD, W. VA.

7 Payroll No. 1101578

8 Occupation 26763 ASST. CALLER

9 Work Location

10 Dept. or Division T & E

11 Date last worked (Last date on payroll as employee) (27-32)

MO.		DAY		YR.	
0	4	1	4	7	4

12 Date rights relinquished (33-38)

MO.		DAY		YR.	

INSTRUCTIONS TO EMPLOYER ON COMPLETION OF FORM

Check the dates shown in items 11 and 12 against readily available records. If a date shown is different from your records, line it out and show the correct date. (See item 14 of G-88a (SUP).)

Complete items 13 through 18 as required. Do not report more than $550 for any month before January 1968, nor more than $650 for any month after 1967.

If you allocate vacation pay to the date last worked, include it in item 13 or 14, whichever is applicable. If you allocate vacation pay to a period following the date last worked, fill in items 15 and 16. VACATION PAY ENTERED IN ITEM 15 MUST NOT BE INCLUDED IN COMPENSATION SHOWN IN ITEM 13 OR 14.

STATEMENT OF SERVICE MONTHS AND COMPENSATION

	MOS.	COMPENSATION
13 Show total number of months worked and total creditable compensation through date last worked *for current year* 19 74 (39)	(40-41) 2	(42-47) 1855.5[illegible]
14 If this report is completed and sent to us before May 1, show total number of months worked and total creditable compensation *for preceding year* 19 ____ (48)	(49-50)	(51-56)

15 Vacation and other allowances for periods after date last worked

FROM (57-62)	TO (63-68)	AMOUNT (69-73)	REASON FOR (74) PAYMENT VA-1 BP-2 OTHER-3

16 If item 15 shows an allowance for a period after date last carried on payroll as an employee, answer the following:

Did the employee earn more than the maximum creditable amount in the last month he was employed?
(75) YES ☐ 1 NO ☐ 2

If "No," show his earnings for the last month: $____ (76-80)

17 Remarks

DO NOT USE BA3A
BA4 TO FOLLOW

18 Qualifying employee under National Health and Welfare Plan on date last worked.
(80) YES ☒ + NO ☐ -

19 EMPLOYER CERTIFICATION by Railroad Contact Official or National Reporting Officer of Labor Organization
The information in this report is correct to the best of my knowledge and belief.

SIGNATURE [signature]

TITLE DIRECTOR OF PAYROLL ACCOUNTING

DATE ~~SEP 17 1974~~ FEB 12 1975

NOTE: IF THIS EMPLOYEE RETURNS TO COMPENSATED SERVICE, THE BOARD SHOULD BE NOTIFIED IMMEDIATELY

FORM RL-161 (11-73)	When Writing to the Board, Always Give:	Date
U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF REINSTATED ANNUITY	THIS CLAIM NO. A-214-12-3024	

Joseph R. Bearinger S.S.A. No. Same

Your annuity under the Railroad Retirement Act has been reinstated.

Benefits will now be paid as follows:

Monthly Rate	*Effective Date*
$481.25	4-1-75

The enclosed check covers the amount due through 4-30-75.

An overpayment has occurred against your account due to your entitlement to Veterans Administration benefits from July 1, 1974 through December 31, 1974. Your rate for this period was $481.25. It should have been $464.95. The resulting overpayment of $97.80 has been recovered from this payment. Be sure to notify the Board promptly if you again become entitled to this benefit.

Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have regarding this claim.

CC: D/O
Altoona, PA.
cf
4-17-75

D.M. Smith
Director of Retirement Claims

Enclosure
Check

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

RL-210
(2-74)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

BUREAU OF RETIREMENT CLAIMS

Mr. Joseph R. Bearinger
Rural Route 6 Box 30
Springfield, West Virginia 26763

WHEN WRITING TO THE BOARD
ALWAYS GIVE
THIS CLAIM NO. → A-214-12-3024

Dear Mr. Bearinger:

Your application for a disability annuity under the Railroad Retirement Act is also considered an application to establish a period of disability. (The term "period of disability" is explained on the back of this letter.)

We have established a period of disability for you beginning February 26, 1974. While it does not increase the amount of your annuity, it may increase annuities paid in the future to your survivors.

A period of disability may also provide you with Medicare coverage before age 65. The back of this letter explains when coverage can begin. You will be automatically enrolled when you become eligible for Medicare.

You must notify us if your condition improves or if you go back to work. Tell us if you begin working for anyone for pay or become self-employed, regardless of how much you earn. If such work shows that you are able to engage in substantial gainful activity, your period of disability would be terminated and you would no longer be eligible for Medicare coverage before age 65. Your annuity would end if you were found to have recovered from your disability.

If you have any questions about this letter, contact the nearest district office of the U.S. Railroad Retirement Board. If you call in person, please take this letter with you.

CC: D/O
Altoona, PA.
cf
4-17-75

Very truly yours,

D. M. Smith
Director of Retirement Claims

AMERICAN REVOLUTION BICENTENNIAL 1776-1976

RRB FORM RL-137 (11-73) J. RAILROAD RETIREMENT BOARD . RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF ANNUITY ADJUSTMENT	WHEN WRITING TO THE BOARD, ALWAYS GIVE YOUR CLAIM NO. A-214-12-3024	Date AUG 19 1976

Joseph R. Bearinger S.S.A. No. Same

Your annuity under the Railroad Retirement Act has been adjusted.

☒ See the enclosed explanation.

☒ The inclusion of your months of military service in your total service period increased your annuity by $16.30. Effective January 1, 1975, this increased amount is not payable because on that date you became entitled to other Federal benefits based on the same military service. If the other monthly benefits are suspended, notify us so that your annuity rate may be increased.

Your adjusted annuity will now be paid as follows:

Monthly Rate	*Effective Date*
$464.95	January 1, 1975
488.30	June 1, 1975
508.70	June 1, 1976

The enclosed check covers the amount due through July 31, 1976 less the amount which will have been paid to you through that month.

Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have regarding your claim.

Dm Smith

D. M. Smith
Director of Retirement Claims

OK 8-14-76

Enclosure 702
Check
cc: D/O
Altoona, Pa.
COLLIER:baw
8/11/76

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
TOE 420 OMB No. 72-R0642

RAILROAD EMPLOYMENT QUESTIONNAIRE

DATE

NAME OF PERSON ON WHOSE RECORD SOCIAL SECURITY BENEFITS ARE CLAIMED: JOSEPH A BERINGER

SOCIAL SECURITY NUMBER: 214-12-3024

A: To be completed whenever the deceased worked in the railroad industry on or after January 1, 1937.

(1) HOW MANY MONTHS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY AFTER 1936? 420

(2) HOW MANY MONTHS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY BEFORE 1937? *(If none, enter "NONE.")* UNK

(3) DID THE DECEASED WORK IN THE RAILROAD INDUSTRY DURING THE LAST 18 MONTHS? ☐ YES ☒ NO *(If "yes," also complete C below)*

(4) IF THE DECEASED'S RAILROAD SERVICE TOTALS AT LEAST 120 MONTHS, HAD THE DECEASED EVER FILED A CLAIM FOR A DISABILITY OR RETIREMENT ANNUITY WITH THE RAILROAD RETIREMENT BOARD? ☒ YES ☐ NO

IF *"yes"*, ENTER THE R. R. B. CLAIM NUMBER HERE:

(5) HAS ANY SURVIVOR OF THE DECEASED EVER RECEIVED A LUMP-SUM OR RESIDUAL PAYMENT OR A SURVIVOR'S MONTHLY ANNUITY FROM THE RAILROAD RETIREMENT BOARD? ☐ YES ☒ NO *(If "yes," also complete D below)*

(6) IF THE DECEASED EVER FILED AN APPLICATION FOR SOCIAL SECURITY BENEFITS, DID THE DECEASED WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER FILING FOR SOCIAL SECURITY BENEFITS? ☐ YES ☒ NO *(If "yes," also complete C below)*

B: To be completed whenever a claim for Social Security benefits is filed and the claimant or claimant's spouse worked in the railroad industry on or after January 1, 1937.

(1) NAME OF PERSON HAVING RAILROAD EMPLOYMENT

SOCIAL SECURITY NUMBER

(2) HOW MANY MONTHS DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY AFTER 1936?

(3) HOW MANY MONTHS DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY BEFORE 1937? *(If none, enter "NONE.")*

(4) DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY DURING THE LAST 18 MONTHS? ☐ YES ☐ NO *(If "yes," also complete C below)*

(5) IF THE RAILROAD SERVICE TOTALS AT LEAST 120 MONTHS, DID THE PERSON NAMED ABOVE EVER FILE A CLAIM FOR A DISABILITY OR RETIREMENT ANNUITY WITH THE RAILROAD RETIREMENT BOARD? ☐ YES ☐ NO

IF "YES," ENTER THE R. R. B. CLAIM NUMBER HERE:

(6) DID THE PERSON NAMED IN B(1) ABOVE RECEIVE ANY RAILROAD SICKNESS BENEFITS OR ANY RAILROAD UNEMPLOYMENT BENEFITS DURING THE LAST 18 MONTHS? ☐ YES ☐ NO

C: To be completed if item A(3) or A(6) or B(4) is checked "Yes".

NAME OF RAILROAD EMPLOYER

FROM

TO

WORK LOCATION

DEPARTMENT AND OCCUPATION

D: To be completed when the claimant for Social Security benefits has received a lump-sum from the R.R.B. or has received or is receiving a monthly R.R.B. annuity based on another individual's railroad employment.

(1) NAME OF SOCIAL SECURITY CLAIMANT - R.R.B. ANNUITANT

(2) R.R.B. CLAIM NUMBER

(3) NAME AND SOCIAL SECURITY NUMBER OF RAILROAD EMPLOYEE ON WHOSE RECORD THE R.R.B. CLAIM WAS FILED:

NAME

SOCIAL SECURITY NUMBER

(4) RELATIONSHIP OF SOCIAL SECURITY CLAIMANT TO RAILROAD EMPLOYEE *(wife, widow, parent, child, etc.)*

(5) TYPE OF RRB BENEFIT *(monthly, lump-sum, or residual)*

(6) HAS THE RAILROAD RETIREMENT BOARD NOTIFIED THE ABOVE SOCIAL SECURITY CLAIMANT - R.R.B. ANNUITANT THAT THE AMOUNT OF THE R.R.B. ANNUITY MAY BE AFFECTED BY ENTITLEMENT TO SOCIAL SECURITY BENEFITS? ☐ YES ☐ NO

REMARKS:

☐ SEE REVERSE FOR ADDITIONAL REMARKS

FORM SSA-671 (12-74)

This letter mailed to
Washington Liaison Office
on OCT 13 1976
for their dating and release.

Honorable Robert C. Byrd
United States Senate
Washington, D.C. 20510

In reply refer to
R.R.B. No. A-214-12-3024

Dear Senator Byrd:

This is in response to your recent inquiry and the enclosed correspondence from Mr. Joseph R. Bearinger, Route 6, Box 30, Springfield, West Virginia, 26763.

Beginning January 1, 1975, the railroad retirement benefit formula was changed to provide for a two-tier annuity. The first tier of an employee's annuity is based on combined earnings under both railroad and social security coverage and is computed under the social security benefit formula. Therefore, the tier I portion of railroad retirement annuities are increased automatically for any cost-of-living adjustments which become effective for beneficiaries under the Social Security Act. The June 1, 1975, cost-of-living adjustment provided for an 8 percent increase in the tier I portion of railroad retirement annuities and the June 1, 1976 adjustment provided for a 6.4% increase in the tier I portion.

Most annuitants received the 1975 increase on their annuity checks dated July 1, 1975. However, for some, the increase was delayed for various reasons. Our Headquarters office advises that Mr. Bearinger was one of those who did not receive the June 1, 1975 increase, but his previous tier I amount was automatically increased by 6.4% effective June 1, 1976. Therefore, he was due additional benefits from June 1, 1975. However, before this adjustment could be made, Mr. Bearinger advised us of his receipt of Verterans Administration benefits.

Mr. Bearinger was credited with a period of military service which increased his annuity by $16.30 a month. Effective January 1, 1975, this increased amount was no longer payable because on that date he became entitled to Veterans Administration benefits based on the same military service. His annuity

was then adjusted to remove credit for military service and to also consider the two cost-of-living increases. The following shows the amounts Mr. Bearinger was paid and the amounts due:

From	Through	Monthly Rate Paid	Monthly Rate Due
1-1-75	5-31-75	$481.25	$464.95
6-1-75	5-31-76	481.25	488.30
6-1-76	8-31-76	500.05	508.70

He was due an additional amount of $29.05 through August 31, 1976. A check in that amount was released to him on September 15, 1976. The figures shown above are before deduction for the monthly Medicare premium. Beginning with the check dated October 1, 1976, regular monthly checks in the amount of $501.50 ($508.70 less $7.20 Medicare deduction) will be released to Mr. Bearinger.

With kindest personal regards.

Sincerely yours,

Robert A. Russell
Washington Liaison Officer

Enclosure

cc: District Office
Altoona, Pennsylvania

MHOGG:ru:bj
10-7-76
6B

FORM APPROVED
O.M.B. No. 70—RO294

FORM G-273
(4-75)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

STATEMENT OF DEATH BY FUNERAL DIRECTOR

1. Name of Deceased	2. RRB Claim No.
Joseph R. BEARINGER, SR.	A-214-12-3024

3. Sex	4. Social Security Account No.
MALE ☒ FEMALE ☐	214-12-3024

5. Date of Death	6. Place of Death (City/State)
Aug. 5, 1977	Residence Rt. 6, Box 30, Springfield, W.Va. 26763

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for benefits payable under the U. S. Railroad Retirement Act.

Address of Funeral Director or Firm

Shaffer Funeral Home
230 E. Main Street, Romney, W.Va. 26757

(STREET ADDRESS)

230 E. Main Street

(CITY)

Romney, W.Va. 26757

(STATE) (ZIP CODE)

Name of Funeral Director or Firm

Keith S. Shaffer
Shaffer Funeral Home

230 E. Main Street
Romney, W.Va. 26757

(SIGNATURE)

Keith S. Shaffer Owner

(TITLE)

Aug 4, 1977

(DATE)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY .... INDIVIDUAL .... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

STATEMENT OF DEATH BY FUNERAL DIRECTOR

TOE 210

NOTICE.—Whoever makes or causes to be made any false statement or representation of material fact for use in determining a right to payment under the Social Security Act is subject to fine, imprisonment or both, under Federal law.

PLEASE TYPE OR PRINT CLEARLY

1. NAME OF DECEASED	2. SOCIAL SECURITY NUMBER
JOSEPH RALPH BEARINGER	2 14-12-3024

3. SEX	4. DATE OF DEATH OF DECEASED
[X] MALE [ ] FEMALE	August 5, 1977

5. NAME AND ADDRESS OF DECEASED'S NEXT OF KIN. (IF NO RELATIVE'S ADDRESS IS KNOWN, STATE NAME AND ADDRESS OF PERSON WHO ARRANGED FOR BURIAL.)

NAME OF NEXT OF KIN	RELATIONSHIP
Lenay Moreland Bearinger	Wife

ADDRESS (*No. and Street, P.O. Box*)

Rt. 6 Box 30

CITY AND STATE	ZIP CODE	TELEPHONE NUMBER OF NEXT OF KIN (*If available*)
Springfield, West Virginia	26757	492-5185

I hereby certify that I am an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for social security benefits.

NAME OF FUNERAL DIRECTOR OR FIRM	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE OF FIRM
Shaffer Funeral Home	Sarah J. Shaffer

ADDRESS (*No. and Street, P.O. Box*)	TITLE
230 E. Main St.	Mortician

CITY, STATE, AND ZIP CODE	TELEPHONE NUMBER	DATE
Romney, W.Va. 26757	822-3511	Aug. 6, 1977

For Social Security Use Only **– DO NOT WRITE IN THIS SPACE**

DO Processed _____ (*Date*)

NE MAT SE GL WN MAM DIO

FORM **SSA-721** (8-74)

☆ U.S.Government Printing Office: 1975—584-929/368

RRB FORM G-91 (1-77)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1 FILE NAME OF EMPLOYEE: Joseph R. Bearinger

2 SSA NO.: 214-12-3024 | 3 SORT CODE: | 4 RRB CLAIM NO.:

5 DOCUMENTS ESTABLISH: ("X" applicable boxes)

TYPE CODE (COLS. 12-14): 900

		CODE	COLS.
AGE OF EMPLOYEE		0	23
AGE OF SPOUSE OR WIDOW(ER)		1	24
AGE/RELATIONSHIP OF CHILD		2	25
AGE OF PARENT		3	26
MARRIAGE	X	4	27
RELATIONSHIP		5	28
MILITARY SERVICE		6	29
DEATH		7	30

A. BIRTH, RELATIONSHIP, MARRIAGE, AND NAME RECONCILIATION

6 EMPLOYEE — AFFIDAVITS REQUIRED
- (A) NAME
- (B) DATE OF BIRTH — 31 MO. DAY YR. 36
- (C) AGE
- (D) DATE RECORD MADE
- (E) WEIGHT OF RECORD — 37 38

7 SPOUSE OR WIDOW(ER) — AFFIDAVITS REQUIRED
- (A) NAME
- (B) DATE OF BIRTH — 44 MO. DAY YR. 49
- (C) AGE
- (D) DATE RECORD MADE
- (E) WEIGHT OF RECORD — 50 51

8 CHILD, PARENT, OR OTHER — AFFIDAVITS REQUIRED
- (A) NAME
- (B) DATE OF BIRTH — 52 MO. DAY YR. 57
- (C) AGE
- (D) DATE RECORD MADE
- (E) WEIGHT OF RECORD — 58 59

9 NAMES OF PARENTS
- (A) FATHER'S NAME
- (B) MOTHER'S MAIDEN NAME

10 MARRIAGE — AFFIDAVITS REQUIRED
- (A) PLACE OF MARRIAGE (CITY AND STATE): Cumberland, Maryland
- (B) DATE OF MARRIAGE — 60 MO. DAY YR. 65: 07 18 69
- (C) HUSBAND'S NAME: Joseph Ralph Bearinger, Sr.
- (D) WIFE'S NAME: Lena Virginia Haines

B. MILITARY SERVICE

11 NAME AND RANK | 12 BRANCH | 13 SERIAL NO.

14 DATE ENLISTED OR INDUCTED | 15 DATE ENTERED ACTIVE DUTY — 66 MO. DAY YR. 71 | 16 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY, IF EARLIER — 72 MO. DAY YR. 77

17 IF MULTIPLE PERIODS OF SERVICE, ENTER "X" — 78

18 MEANS OF ENTRY INTO SERVICE — 79
- (1) ☐ CALLED FROM INACTIVE DUTY
- (2) ☐ RE-ENLISTED
- (3) ☐ INDUCTED
- (4) ☐ ENLISTED
- (5) ☐ COMMISSIONED

19 TYPE OF DISCHARGE — 80
- (1) ☐ NOT DISHONORABLE
- (2) ☐ DISHONORABLE

C. TYPE AND AGE VALUES OF DOCUMENTS

20 TYPE OF DOCUMENT ("X" applicable box)	VALUE	TYPE OF DOCUMENT ("X" applicable box)	VALUE
☐ Civil Birth Record ☐ Church Birth/Baptism Record ☐ Birth Registration Notice ☐ Hospital Birth Record	30	☐ School Record ☐ Vaccination Record ☐ Insurance Record	15
☐ Physician or Midwife Record ☐ Bible or other Family Record	25	☐ Labor Union or Fraternal Record ☐ Employer's Record	10
☐ Naturalization Record ☐ Military Record ☐ Immigration Record ☐ Passport ☐ Census or Draft	20	☐ Other Records Not Classified Above (Specify)	5

21 AGE OF DOCUMENT ("X" applicable box) — RECORDED-YEARS AFTER BIRTH	VALUE
☐ Record made within 1 year	24
☐ Record made 1 through 10 years	21
☐ Record made 11 through 20 years	18
☐ Record made 21 through 30 years	15
☐ Record made 31 through 40 years	12
☐ Record made 41 through 50 years	9
☐ Record made 51 through 60 years	6
☐ Record made 61 through 70 years	3

D. DEATH

22 NAME OF DECEASED AS SHOWN ON EVIDENCE	23 DATE OF DEATH

24 PLACE OF DEATH (CITY AND STATE)	25 KIND OF DOCUMENT
	☐ DEATH CERTIFICATE

E. INSTRUCTIONS FOR COMPLETING THIS FORM:

26 *Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is <u>not</u> shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the type value (Item 20) to the age value (Item 21) and enter the total weight value in Items 6(e), 7(e) or 8(e), depending on whose birth date is being established. If multiple documents are being transcribed for two or three persons, show a symbol after the type and the age of the document as follows:*

APPLICANT	SYMBOL	APPLICANT	SYMBOL
EMPLOYEE	E	WIDOW (WIDOWER)	W
SPOUSE	S	CHILD	C

In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

F. REMARKS AND CERTIFICATION

27 REMARKS:

28 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.

UNIT OR FIELD OFFICE	SIGNATURE & TITLE OF TRANSCRIBER	DATE
243 - Altoona, PA	Barbara F. Schuckette, Cont Rep	08-19-77
	SIGNATURE & TITLE OF REVIEWER C. Bernard Bangle C/R	

G-91 (1-77)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

TELE

TOE 110/120

Form Approved.
OMB No. 72-R0129.

(Do not write in this space)

PETERSBURG, W. VA. 26847
SEP 28 1977
SSA

APPLICATION FOR LUMP-SUM DEATH PAYMENT*

(This application must be filed within 2 years after the date of death of the wage earner or self-employed person.)

1. Print name of deceased wage earner or self-employed person *(Herein referred to as the deceased)*	*(Check one)*	Enter his (her) Social Security Number
JOSEPH R BEARINGER SR.	☒ Male ☐ Female	214 12 3024

2. Print your full name *(First name, middle initial, last name)*

LENA M BEARINGER

I hereby apply for the lump-sum death payment and for any insurance benefits payable to me under Title II of the Social Security Act, as amended.

3. Enter the date of birth of the deceased *(Month, day, and year)*	4. Enter the date and place of death *(Month, day, and year)*	*(City and State)*
9/28/22	6/5/77	SPRINGFIELD WV

5. (a) Was the deceased ever entitled to social security benefits, whether or not checks were actually received?
☒ Yes *(If "Yes," answer (b) and (c).)* ☐ No *(If "No," go on to item 6.)*

(b) What kind of social security benefits was the deceased entitled to?
☐ Retirement or ☒ Disability

(c) Where was the deceased receiving mail at the time (s)he was entitled to benefits?
☒ In the U.S. or ☐ Outside the U.S.

6. (a) If the wage earner died prior to age 66, was (s)he unable to work because of a disabling condition at the time of death?
☒ Yes *(If "Yes," answer (b).)* ☐ No *(If "No," go on to item 7.)*

(b) Enter the date (s)he became disabled *(Month, day, year)*: ESTABLISHED

7. (a) Was the deceased in the active military or naval service (active duty or active duty for training) after September 7, 1939?
☒ Yes *(If "Yes," answer (b), (c) and (d).)* ☐ No *(If "No," go on to item 8.)*

(b) Enter name of branch of service (Army, Navy, etc.) and country served (if other than U.S.A.): MARINE CORPS

(c) Enter dates of service below:
FROM: JULY 13 1944 TO: JANUARY 6 1946

(d) Has anyone (including the deceased) received, or does anyone expect to receive, a benefit from any other Federal agency?
☒ Yes *(If "Yes," answer (e).)* ☐ No *(If "No," go on to item 8.)*

(e) Name the individual(s) and the Federal agency(ies): RRB + VA

8. Did the deceased work in the railroad industry at any time on or after January 1, 1937? ☒ Yes ☐ No

9.
- Enter the names and addresses of all the persons, companies, or Government agencies for whom the deceased worked during the 12 months before death.
- If the deceased worked in agricultural employment, give this information for the year of death and the year before.
- If neither of the above applies, write "None" below and go on to item 10.

NAME AND ADDRESS OF EMPLOYER If the deceased had more than one employer, please list them in order beginning with last (most recent) employer	WORK BEGAN		WORK ENDED	
	Month	Year	Month	Year
NONE				

(Use "Remarks" space on back page for information about any other employers.)

* This may also be considered an application for insurance benefits payable under Section 5 of the Railroad Retirement Act.

10. (a) Was the deceased self-employed this year, last year, or the year before?
☐ Yes (*If "Yes," answer (b).*) ☒ No (*If "No," go on to item 11.*)

(b) Check the year or years in which the deceased was self-employed.	In what kinds of trade or business was the deceased self-employed? (*For example, storekeeper, farmer, physician*)	Were the deceased's net earnings from his trade or business $400 or more? (*Check "Yes" or "No"*)
☐ This year		☐ Yes ☐ No
☐ Last Year		☐ Yes ☐ No
☐ Year before last		☐ Yes ☐ No

11. (a) About how much did the deceased earn from employment and self-employment during the year in which (s)he died? → Amount $ NONE

If death occurred this year, answer (b). If not, go on to item 12.)

(b) About how much did the deceased earn last year? → Amount $ NONE

12. Was the deceased ever married? ☒ Yes ☐ No
(*If "Yes," give the following information about all marriages of the deceased including marriage in effect at time of death. If you need more space, use "Remarks" section on back page or attach a separate sheet.*)

	To whom married	When (*Mo., day, and year*)	Where (*Enter name of City and State*)
Last marriage of the deceased	CLMT	7/18/69	COMB MD
	How marriage ended: DEATH OF W/E	When (*Mo., day, and year*)	Where (*Enter name of City and State*)
Previous marriage of the deceased	To whom married: GLADYS DURBAN	When (*Mo., day, and year*) UNK	Where (*Enter name of City and State*) UNK
	How marriage ended: Divorced	When (*Mo., day, and year*) Dec. 21. 1965	Where (*Enter name of City and State*) Cumberland, MD

13. Was the deceased survived by ANY living children (including adopted children and stepchildren) or dependent grandchildren (including stepgrandchildren) who are now or were in the past 12 months UNMARRIED and:

- UNDER AGE 18 ☐ Yes ☒ No
- AGE 18 TO 23 AND ATTENDING SCHOOL ☐ Yes ☒ No
- DISABLED OR HANDICAPPED (18 or Over and disability began before Age 22) ☐ Yes ☒ No

14. (a) Is there a surviving parent (or parents)? ☐ Yes (*If "Yes," answer (b).*) ☒ No
(b) Was the deceased contributing to the support of either parent? ☐ Yes ☐ No

15. Have you filed for any social security benefits on the deceased's earnings record before? ☐ Yes ☒ No

If the deceased left a widow or widower surviving, continue with item 16. If not, go on to item 24.

16. If you are not the widow or widower, enter (her) (his) name and address here.

17. (a) Were the deceased and the surviving spouse living together at the same address when the deceased died? ☒ Yes ☐ No

(b) If either the deceased or surviving spouse was away from home (whether or not temporarily) when the deceased died, give the following: N/A

Who was away? ☐ Deceased ☐ Surviving spouse

Date last home

Reason absence began

Reason they were apart at time of death

If separated because of illness, enter nature of illness or disabling condition.

If you are the widow or widower, answer items 18 through 23.

18.	Enter your date of birth (*Month, day and year*) 9/30/24	19. If you are the widow, enter your maiden name. MORELAND
20.	(a) Are you so disabled now that you can't work, or was there some period during the last 14 months when you were so disabled that you could not work? ☒ Yes (*If "Yes," answer (b).*) ☐ No (*If "No," go on to item 21.*)	(b) Enter the date you became disabled (*Month, day, year*) 12/7/73
21.	If you are the widower, were you receiving at least one-half of your support from your wife at the time of her death?	☐ Yes ☐ No
22.	Check (✓) whether your marriage to the deceased was performed by: Clergyman or authorized public official ☒, or Other ☐ _____ (*Explain*)	
23.	Were you married before your marriage to the deceased? (*If "Yes," give the following about each of your previous marriages. If you need more space, use "Remarks" section on back pages or attach a separate sheet.*)	☒ Yes ☐ No

	To whom married	When (*Mo., day, and year*)	Where (*Enter name of City and State*)
Previous marriage	ARTHUR HAINES	5/1/40	WINCHESTER VA
	How marriage ended: DIVORCE	When (*Mo., day, and year*) 1950	Where (*Enter name of City and State*) KEYSER WV

If you are not the widow or widower, or if you are the widow or widower but you and the deceased were not living in the same household at the time of death, answer the following questions.

24.	(a) What was the total amount of the burial expenses charged by the funeral home(s) (hereafter referred to as "burial expenses")? →	$
	(b) Did you assume responsibility for payment of any part of the burial expenses? ☐ Yes (*If "Yes," answer (c) and (d).*) ☐ No (*If "No," go on to item 25.*)	
	(c) Show whether you assumed responsibility for burial expenses: ☐ Personally or ☐ As legal representative of the deceased's estate.	
	(d) What amount of burial expenses shown in (a) above did you pay?	(*If none, write "None"*) $
25.	(a) What is your relationship to the deceased?	
	(b) If you are a parent of the deceased, were you receiving one-half of your support from the deceased at the time of death?	☐ Yes ☐ No
26.	If you are not related to the deceased by blood, marriage, or adoption why did you assume responsibility for or pay the burial expenses? (*If you are related, omit this item.*)	
27.	Has an application for the burial allowance been filed (or will it be filed) with the Veterans Administration, other Federal agency of the U.S., or (if death occurred outside the U.S.) any foreign governmental agency? ☐ Yes (*If "Yes," give the following information.*) ☐ No (*If "No," go on to item 28.*)	

Name of Agency	Amount Claimed
☐ Veterans Administration	$
☐ Other (*Give name*)	$
Name of Person Filing With Other Agency	

(Over)

28. If you have paid part or all of the burial expenses, have you received or will you receive any cash or property toward the expenses? (Do not include proceeds from an insurance policy or death benefits from a fraternal association, union, or employer.)

☐ Yes *(If "Yes," give the following information.)* ☐ No *(If "No," go on to item 29.)*

Source of payment	Date received or expected	Amount
		$
		$

29. Did anyone else assume responsibility for payment of or pay any part of the burial expenses in 24 (a)?

☐ Yes *(If "Yes," give the following information.)* ☐ No

Name and address of other person who assumed responsibility or paid	His relationship to deceased	Amount paid by such other person, if any
		$
		$

If any of the burial expenses shown in 24 (a) are unpaid, the lump-sum payment (or that part of it equal to the unpaid expenses) can be made ONLY to the funeral home(s). To authorize such payment, the following must be completed.

30. I hereby authorize the Social Security Administration to make payment or give notice of nonpayment of the lump-sum to the

(Name(s) and address(es) of funeral home(s))

Payment, if made, is to be applied toward the unpaid $ ..... expenses.
(Amount)

Remarks: *(You may use this space for any explanations. If you need more space, attach a separate sheet.)*

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT

Signature *(First name, middle initial, last name) (Write in ink)*

SIGN HERE ➡ Lena V. Beringer

Date *(Month, day, year)*

Telephone Number(s) at which you may be contacted during the day

492-5185

Mailing Address *(Number and street, Apt. No., P.O. Box, or Rural Route)*

RR 6 BX 30

City and State	Zip Code	Enter Name of County (if any) in which you now live
SPRINGFIELD WV	26763	HAMP

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address *(Number and street, City, State, and ZIP Code)*	Address *(Number and street, City, State, and ZIP Code)*

☆ U.S.Government Printing Office:1976—210-831/148

NOTICE OF RRB JURISDICTION OR DELAYED E R REQUEST

To: Petersburg W V	Social Security Number 214-12-3024	Date 11/28/77
	Name Joseph K. Bearinger	Refer To IDP-523
(C89)	Type of Action en	Clerk Number 4183
From: Bureau of Data Processing	Block Number 31746	Request Date 10/4/77

☒ 1. Enclosed E/R request forwarded without processing. Our records indicate RRB jurisdiction. See CM 4074 RRB Claim # A999999

☐ 2. RRB coordination required. Earnings record will be delayed pending receipt of Form RR-90 from RRB. If E/R not received within 30 days, return this form to BDP. A "SEC" E/R request will be required only if we subsequently notify you that E/R was sent and it is not in your office.

☐ 3. Teletype message from RRB indicates a delay in processing RR E/R request.

Enclosure

☐ E/R request _____

Date _____

TO: Bureau of Data Processing
Attn: Critical Case and Appraisal Branch

FROM: ☐ Program Center

☐ Social Security Office

Earnings record for subject W/E not yet received.

FORM SSA-1306 (8-75)

REPORT OF SSA CLAIMS INFORMATION

1. DATE: 12/6/77

GENERAL INSTRUCTIONS: This form will be prepared by the DO, BDI, DFC or the PC upon the receipt of RRB's notice that RRB has jurisdiction of the survivor's claim based on the combined RR and SS earnings.

2. NAME OF WAGE EARNER: Joseph R. Bearinger

3. ACCOUNT NUMBER: 214-12-3024

4. RRB CLAIM NUMBER: A 999999

5. DATE OF BIRTH: 9/28/22

6. DATE OF DEATH: 8/5/77

RAILROAD RETIREMENT BOARD
Bureau of Data Processing and Accounts
844 Rush Street
Chicago, Illinois 60611

7. DATE WE'S CLAIM(S) FILED *(Enter the date shown on the applicable award or disallowance form(s):*

RIB/DIB	RECOMPUTATION	RECOMPUTATION

8. Enter the established total yearly SS earnings for each year that pre-lag SS earnings were developed *and* such earnings increased or decreased the yearly earnings listed by BDPA on the latest OA-C794 in file. Enter the appropriate QC symbols (C, S, A, N, etc.) to show the established yearly QC pattern based on the adjusted earnings.

YEAR	ANNUAL EARNINGS	QC				YEAR	ANNUAL EARNINGS	QC			
1938	106.45	N	N	N	C	1941	591.72	N	C	C	N
1939	368.09	C	C	N	C	19					
1940	250.14	C	C	N	N	19					

9. PERIOD OF DISABILITY

☒ NONE ☐ PENDING ☐ ESTABLISHED–FROM TO

10. SSA ESTABLISHED OVERPAYMENTS TO BE RECOVERED BY RRB:

$ ☒ NONE ☐ UNDETERMINED

NAME OF OVERPAID PERSON(S) – TYPE OF BENEFIT – SHOW WHICH MONTHS OVERPAID

11. HIB – SMIB DATA

A. Name of Survivor: Lena M. Bearinger

B. Survivor Elected SMIB ☐ Yes ☐ No
If "Yes," and SSA retains jurisdiction because survivor entitled on another account, answer "C"; if "Yes," and RRB assumes jurisdiction, answer "D," and if applicable "E."

C. Survivor entitled on — ACCOUNT NO.

D. (1) Survivor elected SMIB effective — MONTH AND YEAR

(2) Was survivor in current pay status for month prior to death? ☐ Yes ☐ No

(3) If survivor not in current pay enter last month survivor paid premium. — MONTH AND YEAR

E. If premium paid by State buy-in agreement, check this block ☐

12. REMARKS:

☐ SURVIVOR CLAIMS MATERIAL ATTACHED
☐ NO SURVIVOR MATERIAL IN THIS OFFICE
☐ OTHER *(Specify)*

RRB JURIS, notice received from BDP.

13. NOTICE TO DO THAT RRB HAS JURISDICTION:

☐ SEND COPY TO DISTRICT OFFICE AT:

REGIONAL REPRESENTATIVE

BY

DISTRICT MANAGER

BY James E. Wilson Jr.

FORM SSA-1233RR (10-67) RAILROAD RETIREMENT BOARD JURISDICTION ☆ GPO : 1969 O - 348-016

A-214-12-302

THADDEUS H. ELDER, M.D., P.A.
MEMORIAL MEDICAL BUILDING
500 MEMORIAL AVENUE
CUMBERLAND, MARYLAND 21502

TELEPHONE 724-7117

January 30, 1978

TO WHOM IT MAY CONCERN:

Re: Lena V. Bearinger
Rt. #6 Box 30
Springfield, W.Va. 26763

Lena Bearinger has been a patient of mine since October 20, 1975. The patient has had treatment for cystitis and had a stress test which was done on 1/26/77.

"Although percise ST-T depression cannot be assessed because of uneven baseline, there is probable ST depression of about 1 mm. The patient was pain-free during and after the stress test. The stress test is not remarkable.

It is my feeling that there is nothing in my records or my experience with the patient to indicate a need for her being bard from any employment.

If I can help further, just let me know.

Sincerely,

THADDEUS H. ELDER, M.D. P.A.

THE/clp

A-214-12-3024

SACRED HEART HOSPITAL - CUMBERLAND, MD.

PATIENT: BEARINGER, Leana V.
ADDRESS: Rt. 6 Box 30
Springfield, WV 26763
ADMITTED: DISCH:
INSURANCE:

RM:
AGE:
SEX:

CASE NO:
DOCTOR: LEY
CONSULT:
REFERRED BY:
COPY TO:

OPERATION PERFORMED:

PREOP DX:

DATE:
BEGUN:
ENDED:

SURGEON:
ANES:
ASSISTANTS:

POSTOP DX:

EXAMINATION FOR: Railroad Retirement. DATE: 2/7/78

CHIEF COMPLAINT: Heart disease. She states that she took four Nitroglycerins last night before her chest pain stopped.

PAST HISTORY: She was in Memorial Hospital in Cumberland, MD for angina, hepatomegaly, arteriosclerosis, and rheumatoid arthritis in 1972. She was also in Memorial Hospital for an auto accident when she was driving and blacked out in 1969. In 1970, she was in the same hospital for fractured ribs, syncope, when she fell through one floor in a home that she and her husband were building.

FAMILY HISTORY: Father is deceased of a heart attack at the age of 71. Mother is deceased of a heart attack at the age of 69. One brother is living and his health is unknown to the examinee. She had one son who died at the age of 32 of a heart attack while in the military service.

PRESENT ILLNESS: This lady gives a history of having had anginal pain since 1969. She states that it usually occurs on exertion and sometimes on reaching. She often has it at night. She uses Nitroglycerin with good results and also takes Nitrobid twice a day for her vasodilation and she states that if she fails to take the appointed two tablets a day, she has more trouble than otherwise with anginal episodes.

Occasionally, she has blood pressure elevation and she has medication at home, which is apparently a diuretic which she takes as she feels she needs it.

Her hepatomegaly occurred with tenderness when she was in the hospital in 1972, and has had no problem with it since. Also, her doctor told her, she was arteriosclerotic since 1972, when she was hospitalized.

In addition to this, she has emphysema. She states that she gets short of breath on walking any distance, on steps and hills, and at night, she has to sleep on anywhere from one to three pillows. She uses a hospital bed and has that in semi position for resting more comfortably. She states that her back feels better when she is lying flat, but then she gets short of breath and has to be in an upright position. Her only activity consists of light housework and only what she has to do. She states that since her husband died in August 1977, she does little as possible and only what is absolutely necessary.

She is being examined now at the request of the Railroad Retirement Board for evaluation.

PHYSICAL EXAMINATION

VITAL STATISTICS: Height - 61 inches. Weight - 143 pounds. Temperature 99.

A-214-12-3

SACRED HEART HOSPITAL - CUMBERLAND, MD.

PATIENT: BEARINGER, Leana V.
ADDRESS:

RM:
AGE:
SEX:

CASE NO:
DOCTOR:
CONSULT:
REFERRED BY:
COPY TO:

ADMITTED:
INSURANCE:

DISCH:

OPERATION PERFORMED:

PREOP DX:

DATE:
BEGUN:
ENDED:

SURGEON:
ANES:
ASSISTANTS:

POSTOP DX:

Pulse - 108. Respirations - 18. BP - 170/84. Vision - 20/200 corrected to 20/25 minus one OU.

This is a 53 year old white female who is in no acute distress at the time of the examination. She is very cooperative and congenial and answers questions fairly well.

HEAD: No boney abnormalities. The hair and scalp are clear.

EENT: Pupils are round, regular, and equal, react well. EOM's are normal. The conjunctiva and sclera are clear. Hearing is normal and eardrums are intact. The nasal passage is clear and breathing spaces are adequate. The nasal septum is midline and intact.

NECK: Trachea is midline. Thyroid not palpated. No nuchal rigidity, no cervical adenopathy.

OROPHARYNX: Shows upper and lower dentures in place, and the rest of the pharynx is not remarkable.

RESPIRATORY: Lungs are clear to Auscultation. Bases descend well. Breath sounds are somewhat diminished.

CARDIOVASCULAR: There is a sinus tachycardia with no murmurs, thrills, thrusts, or shocks. No PVC's are noted. The radial pulses are of good quality. Dorsalis pedis can be readily palpable. No edema.

ABDOMEN: Slight tenderness in the epigastrium. No palpable masses or organs. No hernia.

GENITALIA: Normal adult female.

EXTREMITIES: Normal in number and position. No gross pathology.

MUSCULOSKELETAL: She has considerable stiffness in the lumbar spine, and when she lays down on the examining table, she does so by getting on one side first and then rolling over onto her back. Straight leg raising is positive at 45 degrees on the right and 60 degrees on the left. Flexion at the spine is somewhat difficult and she is able to get her fingertips just below the knees. Squat is very difficult also, and she is only able to go down about halfway.

IMPRESSION:
1. Angina pectoris.
2. Arteriosclerosis.
3. Hypertension, mild.
4. Degenerative arthritis.
5. Pulmonary emphysema.

Leo H. Ley Jr. MD
LEO H. LEY, JR., M.D.

___ DISCHARGE SUMMARY
XX HISTORY & PHYSICAL
___ OPERATIVE REPORT
___ CONSULTATION REPORT
2 CONTINUATION PAGE

LHL/kif D. 2/7 T. 2/7

A-214-12-3024

SACRED HEART HOSPITAL - CUMBERLAND, MD.

PATIENT: BEARINGER, Leana V.
ADDRESS: Rt. 6 Box 30
Springfield, WV 26763
ADMITTED: DISCH:
INSURANCE:

RM:
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CASE NO:
DOCTOR: LEY
CONSULT:
REFERRED BY:
COPY TO:

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OPERATION PERFORMED:

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DATE:
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ENDED:
SURGEON:
ANES:
ASSISTANTS:

POSTOP DX:

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2. Arteriosclerosis.
3. Hypertension, mild.
4. Degenerative arthritis.
5. Pulmonary emphysema.

Leo H. Ley Jr. MD
LEO H. LEY, JR., M.D.

A-214-12-3024

SACRED HEART HOSPITAL, CUMBERLAND, MARYLAND 21502

RADIOLOGY DEPARTMENT

NAME BEARINGER, LENA V. AGE 53 DATE REQUESTED 2/7/78

DOCTOR Ley DATE COMPLETED 2/7/78

X-RAY NO. 35482 DATE TYPED 2/7/78

EXAMINATION C hest HOSPITAL NO. ED 194292

HISTORY Railroad retirement board ROOM NO.

Chest x-ray reveals the lung fields, heart and mediastinum well outlined. There is no acute change. There is aortic sclerosis in the knob with no cardiomegaly.

IMPRESSION: 1. Aortic sclerosis.

2. Negative chest.

William R. Newman, M.D.

WRN:pr

Bearinger, Lena V.
Rt 6 Box 30
Springfield, W. Va.
E 194292 age 53
Dr. Ley

A-214-12-302

SACRED HEART HOSPITAL – EKG REPORT

INTERPRETATION:

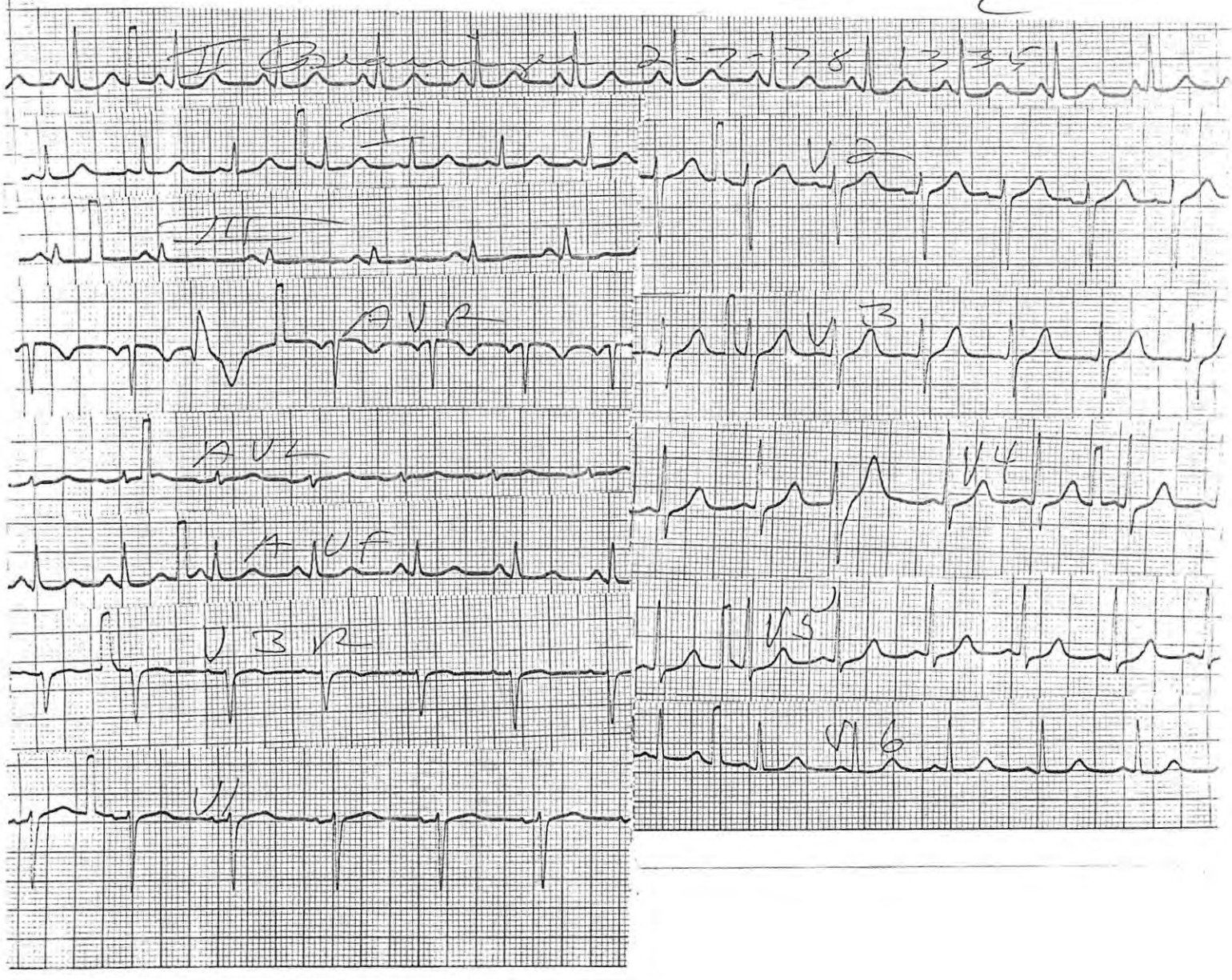
DATE REQUESTED 2-7-78
TIME REC'D.
TECHNICIAN Poorbaugh
TIME COMPLETED 1335 2-7-78
HT. 611 WT. 143 BP 170/84
EKG ✓ MASTERS ____ OTHER ____
OTHER MEDS Nitroglycerin, Nitrobid BPAT tablespun)
DIAGNOSIS
AXIS ____ PR .16 QRS .06 QT .36
RATE AUR 86 VENT 86
MECH: Sinus with rare prematue ventricular beat.

P waves are normal.
There is no diagnostic Q wave.
ST segments are iso-electric.
T waves are flat in III.
Rare premature ventricular beat.
There is no other diagnostic abnormality.

Railroad Retirement Board
2 Copies, please

AA 2-7-78

C. N. Vickers M.D.



To be completed by personal physician at no expense to the US Govt

FORM APPROVED
O.M.B. NO. 70-R0171

FORM G-250
(6-70)

RAILROAD RETIREMENT BOARD NO.

SOCIAL SECURITY ACCOUNT NUMBER

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REPORT OF PHYSICAL EXAMINATION

1. NAME	ADDRESS
Lena V Bearinger alleged disabled widow of Joseph R Bearinger	Rt 6 Box 30 Springfield WV 26763

NOTE: IF THIS REPORT IS COMPILED FROM RECORDS AND THE APPLICANT IS NOT PRESENT, SO STATE HERE. IF RECORDS DO NOT CONTAIN ALL THE DATA CALLED FOR IN THIS FORM, FORWARD AS COMPLETE A REPORT AS MAY BE POSSIBLE.

2. AGE	HEIGHT	WEIGHT	SEX	TEMPERATURE	HIGHEST WEIGHT WITHIN PAST YEAR

3. HISTORY OF ORIGIN AND DATE OF ONSET OF EACH DISABILITY (APPLICANT'S STATEMENT)

4. INDUSTRIAL HISTORY SINCE LAST RAILROAD SERVICE

5. PRESENT COMPLAINTS (SUBJECTIVE)

DATE _____ APPLICANT'S SIGNATURE _____

6. GENERAL APPEARANCE	NUTRITION	MUSCULAR DEVELOPMENT
CARRIAGE	POSTURE	GAIT

7. EYES

CONDITION OF LIDS, MUSCULAR IMBALANCE, EXTERNAL DISEASES OF THE EYE, OPHTHALMOSCOPIC FINDINGS, AND VISUAL FIELDS, IF AVAILABLE.	VISION
	RIGHT (UNCORRECTED) 20/
	LEFT (UNCORRECTED) 20/
	RIGHT (CORRECTED) 20/
	LEFT (CORRECTED) 20/

8.	EARS

NORMAL?	ORDINARY CONVERSATION HEARD
YES ☐ NO ☐	RIGHT /20 LEFT /20

IF MECHANICAL DEVICE IS USED BY APPLICANT, REPORT DISTANCE AT WHICH ORDINARY CONVERSATION IS HEARD WITH DEVICE.

RIGHT /20 LEFT /20

9.	NOSE, THROAT, SINUSES

NORMAL? YES ☐ NO ☐ IF "NO", RECORD FINDINGS HERE

10.	CARDIOVASCULAR SYSTEM

NORMAL? YES ☐ NO ☐ IF "NO", RECORD SIZE IN DETAIL, POSITION, RHYTHM, CHARACTER OF SOUNDS ON AUSCULTATION, MURMURS, AND, IF PRESENT, WHERE TRANSMITTED AND WHETHER ACCENTUATED BY EXERCISE, PULSATION OF ARTERIES (NECK, ETC.), RESULTS OF ANY X-RAY AND ELECTROCARDIOGRAPHIC FINDINGS, IF ANY

TIME	RESPIRATORY RATE (STANDING)	PULSE RATE (STANDING)	BLOOD PRESSURE	
			SYSTOLIC	DIASTOLIC
BEFORE EXERCISE				
IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED)				
THREE MINUTES AFTER EXERCISE				

ANY OBJECTIVE SIGNS OF DECOMPENSATION (EDEMA, CYANOSIS, ETC.)? YES ☐ NO ☐ IF "YES", DESCRIBE

ANY PULSE DEFICIT? YES ☐ NO ☐	STATE TYPE OF EXERCISE TEST GIVEN, OR IF CONTRA-INDICATED, STATE REASON

ANY ARRHYTHMIA OF PULSE? YES ☐ NO ☐ IF "YES", DESCRIBED AS TO CHARACTER AND FREQUENCY (TAKEN THREE MINUTES AFTER EXERCISE).

11.	PERIPHERAL ARTERIES

NORMAL? YES ☐ NO ☐ IF "NO", RECORD EVIDENCE OF ARTERIOSCLEROSIS AND ARTERIAL DISTURBANCES OF THE EXTREMITIES IN TERMS OF COMPRESSIBILITY, BEADING, BLANCHING AND TROPHIC DISTURBANCES

12 RESPIRATORY SYSTEM

NORMAL? YES ☐ NO ☐ IF "NO", RECORD DETAILED OBJECTIVE FINDINGS ELICITED BY INSPECTION, PALPATION, PERCUSSION AND AUSCULTATION: ALSO RESULTS OF SPUTUM EXAMINATION AND X-RAY FINDINGS, IF AVAILABLE

13. DIGESTIVE SYSTEM

	NORMAL		IF "NO", RECORD FINDINGS HERE
	YES	NO	
MOUTH			
TEETH			
GUMS			
STOMACH			
INTESTINES			
LIVER			
GALL BLADDER			
RECTUM			

14. HERNIA

LOCATION	SIZE	TYPE	RETAINED BY TRUSS OR BELT?

OPERABLE? YES ☐ NO ☐ IF INOPERABLE, STATE REASON WHY

15. GENITO-URINARY SYSTEM

	NORMAL		IF "NO", RECORD FINDINGS HERE
	YES	NO	
KIDNEYS			
BLADDER			
PROSTATE			
PENIS			
TESTICLES			

16. BONE, JOINT, AND SKELETAL SYSTEM

ANY ABNORMAL ORTHOPEDIC CONDITIONS? YES ☐ NO ☐ IF "YES", RECORD OBJECTIVE EVIDENCE OF ACTIVE INFLAMMATION, EDEMA, DEFORMITY, ANKYLOSIS, AND CREPITUS: ALSO X-RAY FINDINGS, IF AVAILABLE

DESCRIBE THE LIMITATION OF MOTION (IN TERMS OF DEGREES; *i.e.*, 10°, 20°, ETC.) IN EACH AFFECTED JOINT

17.

VARICOSE VEINS? YES ☐ NO ☐ SIZE AND LOCATION

SACCULATED? YES ☐ NO ☐ ELASTIC STOCKING WORN? YES ☐ NO ☐ SCARS? YES ☐ NO ☐ ULCERS? YES ☐ NO ☐

18. NERVOUS SYSTEM

NORMAL? YES ☐ NO ☐ IF "NO", RECORD *POSITIVE* OBJECTIVE FINDINGS IN ORDER OF IMPORTANCE, SUCH AS, FINDINGS REFERABLE TO FACIES, PRESENCE OR ABSENCE OF ALL SUPERFICIAL AND DEEP REFLEXES, DESCRIPTION OF CONVULSIVE DISORDERS AND TICS, ROMBERG AND BABINSKI, AND ANY ENDOCRINOPATHIES.

RECEIVED FEB 1978 DISABILITY BENEFITS DIVISION

19. MENTALITY

NORMAL? YES ☐ NO ☐ IF "NO", IS MENTAL ABERRATION ON *ORGANIC* OR *FUNCTIONAL* BASIS? _____
IF THERE IS A HISTORY OF SEIZURES, STATE CHARACTER AND FREQUENCY OF ATTACKS

IS HE ABLE TO MANAGE BENEFIT PAYMENTS IN HIS OWN INTEREST? YES ☐ NO ☐ RECORD EMOTIONAL REACTIONS, CONDUCT DISTURBANCES, ORIENTATION, INSIGHT, JUDGEMENT, HALLUCINATIONS, DELUSIONS, MEMORY FOR RECENT AND REMOTE EVENTS, AND EVIDENCE OF MENTAL DETERIORATION.

20. LABORATORY EXAMINATIONS

RESULT OF URINALYSIS	
SUGAR	
ALBUMIN	
CASTS	
PUS	
BLOOD	
OTHER (SPECIFY)	

RECORD HISTORY, DATE, AND RESULT OF BLOOD AND SPINAL FLUID, SPUTUM, X-RAYS, BLOOD COUNT, HB., OR OTHER TESTS WHICH MAY HAVE BEEN PREVIOUSLY MADE

21. REMARKS: (THIS SPACE TO BE USED FOR FURTHER DETAILS OF MEDICAL OR INDUSTRIAL HISTORY OR ADDITIONAL DESCRIPTION OF DISABILITIES IF THE SPACE IN THE FOREGOING PAGES WAS NOT SUFFICIENT. IF THE PERSON BEING EXAMINED IS A FEMALE, RECORD ANY ABNORMALITIES NOT COVERED ABOVE.)

22. DIAGNOSES: (PLEASE LIST IN ORDER OF IMPORTANCE)

RECEIVED FEB 15 1978
FEB 13 1978 Railroad Retirement Board Rail Users Section

NAME OF EXAMINER (PRINT)

PLACE OF EXAMINATION	OFFICE ADDRESS
DATE OF THIS EXAMINATION	SIGNATURE OF EXAMINER

RRB-ALTOONA, PA. FEB 8 1978

RL-12
(9-78)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
615 Howard Ave., P.O. Box 990
Altoona, PA 16603

Region No. 2

April 10, 1980

In reply refer to
RRB Claim No. D-
SSA No. 214-12-3024
Joseph R. Bearinger, dec'd

R. Fadl, M.D.
Sacred Heart Hospital
Seton Drive
Cumberland, MD 21502

Applicant's Name, Address, Tel. No.
Lena V. Bearinger
Rt. 6 Box 30
Springfield, WV 26763
Phone: 492-5185

Dear Doctor:

The person named above has applied for monthly disability benefits under the Railroad Retirement Act and a medical examination is needed to support the application. You are authorized to conduct the required examination.

The applicant has been instructed to report to your office at 1:30 PM on Thursday, April 24, 1980.

The type of service required is examination by internist narrative report-$50, electrocardiogram with interpretation (please submit tracing)-$26.34, chest x-ray-$17.75, ~~orthopedic examination narrative report-$25, and x-rays of 2 or 3 most affected parts.~~ postponed

A detailed report of your examination should be made on your personal stationery over your signature. Show the date of the examination in your report and the person's complaints and symptoms along with your findings and diagnosis in detail.

The maximum fee for the service is $94.09. No additional payment can be made for procedures not specifically authorized in this letter. If you find that other examinations are needed, please contact us for authorization and approval of the additional fee.

The applicant has been informed that we will pay for the authorized examination. To claim your fee, sign (do not print) the enclosed G-3x and return it with your report to this office.

We would appreciate it if you did not express an opinion to the applicant as to whether you consider him disabled.

If, for any reason, you cannot conduct this examination, please let us know immediately.

CC $G-3x submitted to BRC/DDB= 05/20/80 -KC

Very truly yours,

KC

Ethel N. Luciano
District Manager

Examination Code 19
Examination No. ~~20,03,43,16,x-rays~~
Enclosures G-3x

RL-12
(9-78)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
615 HowardAve., P.O. Box 990
Altoona, PA 16603

Region No. 2

April 10, 1980

In reply refer to
RRB Claim No. D-
SSA No. 214-12-3024
Joseph R. Bearinger, dec'd
Applicant's Name, Address, Tel. No.
Lena V. Bearinger
Rt. 6 Box 30
Springfield, WV 26763
Phone: 492-5185

Dr. Newman Radiologists, Assoc., P.A.
925 Bishop Walsh Rd.
Cumberland, MD 21502

Dear Doctor:

The person named above has applied for monthly disability benefits under the Railroad Retirement Act and a medical examination is needed to support the application. You are authorized to conduct the required examination.

The applicant has been instructed to report to Dr. Fadl at 1:30 PM on Thursday, April 24, 1980.

The type of service required is interpretation of: chest x-ray ~~$6.60~~ $9.90 ~~and x-rays of 2 or 3 most affected parts.~~

~~A detailed report of your examination should be made on~~

The maximum fee for the service is $9.90. No additional payment can be made for procedures not specifically authorized in this letter. If you find that other examinations are needed, please contact us for authorization and approval of the additional fee.

The applicant has been informed that we will pay for the authorized examination. To claim your fee, sign (do not print) the enclosed G-3x and return it with your report to this office.

We would appreciate it if you did not express an opinion to the applicant as to whether you consider him disabled.

If, for any reason, you cannot conduct this examination, please let us know immediately.

cc of G-3x submitted to BRB/DAB = 05/14/80 - JC

Very truly yours,

JC

Ethel N. Luciano
District Manager

Examination Code 19
Examination No. 43, ~~X-rays~~
Enclosures G-3x